

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90281 031 ***150.00

0115851

DOCUMENT # P00000087279

1. Entity Name
ISIDORE CORPORATION

Principal Place of Business 3365 SW 173 WAY MIRAMAR FL 33029	Mailing Address 3365 SW 173 WAY MIRAMAR FL 33029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3365 SW 173 Way	3. Mailing Address 3365 SW 173 Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIRAMAR FL	City & State MIRAMAR FL	4. FEI Number 65-1088566	Applied For <input type="checkbox"/> Not Applicable
Zip 33029	Country FLORIDA	Zip 33029	Country FLORIDA

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ISIDORE, KANOL
3365 SW 173 WAY
MIRAMAR FL 33029

7. Name and Address of New Registered Agent

Name **KANOL ISIDORE**
 Street Address (P.O. Box Number is Not Acceptable)
3365 SW 173 WAY
 City **MIRAMAR** FL Zip Code **33029**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* DATE **4-16-01**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT KANOL ISIDORE 3365 SW 173 WAY MIRAMAR FL 33029
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4-16-01** (954) 538-0272

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/00)