FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91560 028 ***150.00

DOCUMENT # P00000087737

1. Entity Name
ISABELA'S CATERING CORP

DO NOT WRITE IN THIS SPACE

642723

2. Principal Place of Business	3. Mailing Address
6346-62	4290 OAK circle
Suite, Apt. #, etc. Lantana Rd	Suite, Apt. #, etc. BOCA RATON
City & State LAKE WORTH, FL 33463	City & State FL, 33431
Zip 33463 Country USA	Zip 33431 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 651041222 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name ISABEL BERNAL

Street Address (P.O. Box Number is Not Acceptable) 7601 E TREASURE DR #1524

City North Bay Village **FL** Zip Code 33141

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 ISABEL BERNAL [signature] 04-16-02

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	ISABEL BERNAL	NAME	
STREET ADDRESS	7601 E Treasure Dr #1524	STREET ADDRESS	
CITY-ST-ZIP	North Bay Village, FL 33141	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ISABEL BERNAL [signature] 4/16/02 561-9675955

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #