

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 8:00 am
Secretary of State

05-01-2001 90038 040 ***150.00

DOCUMENT # P00000089470

1. Entity Name

I.S.M. CONSTRUCTION, INC.

Principal Place of Business

**182 E RIVERBEND DRIVE
 SUNRISE FL 33326**

Mailing Address

**182 E RIVERBEND DRIVE
 SUNRISE FL 33326**

2. Principal Place of Business

**13081 NW 23rd St
 Suite, Apt. #, etc.**

3. Mailing Address

**13081 NW 23rd St
 Suite, Apt. #, etc.**



DO NOT WRITE IN THIS SPACE

City & State

**Pembroke Pines
 33028
 Broward**

City & State

**Pembroke Pines FL
 33028
 Broward**

4. FEL Number

65-1042091

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**ALLEN, INGRID
 182 E RIVERBEND DRIVE
 SUNRISE FL 33326**

7. Name and Address of New Registered Agent

Morales, Ingrid

13081 NW 23rd St

Pembroke Pines

FL

33028

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

Ingrid S Morales

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/1/01

DATE

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

**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	D	<input type="checkbox"/> Delete
NAME	ALLEN, INGRID	
STREET ADDRESS	182 E RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORALES, RICARDO	
STREET ADDRESS	182 E RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORALES, SIMON	
STREET ADDRESS	182 E RIVERBEND DRIVE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morales, Ingrid	
STREET ADDRESS	13081 NW 23rd St	
CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Morales, Simon	
STREET ADDRESS	13081 NW 23rd St	
CITY-ST-ZIP	Pembroke Pines FL 33028	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Ingrid S Morales

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Ingrid Morales 3/1/01 954-290-9505

CR2E034 (10/00)