

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000014780

1. Entity Name
ISAURA CORPORATION

Principal Place of Business
AV. LEANDRO N. ALEM 855. PISO 21. C1001AAD
BUENOS AIRES. ARGENTINA

Mailing Address
AV. LEANDRO N. ALEM 855. PISO 21. C1001AAD
BUENOS AIRES. ARGENTINA

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
13250 SW. 88TH TERR.
Unit 102
City & State
Miami, FL 33186
Zip

4. FEI Number
65-1099472

☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CARLTON, FIELDS, WARD, EMMANUEL, ETAL
4000 INTERNATIONAL PLACE
100 SE 2ND ST.
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
ALLAN DOYLE, CPA
Street Address (P.O. Box Number is Not Acceptable)
174 FONTAINE BLEAU BLVD. STE. 1-B
City
Miami
FL
Zip Code
33172

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]* ALLAN DOYLE, CPA
Printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE 5/14/02

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, 2002 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	D LOREDO, JOSE A ESQ 100 SE 2ND ST. MIAMI FL 33131 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIRECTOR TOMAS BERNARDINO CASTORANI 13250 SW 88TH TERR. Unit 102 MIAMI, FL 33186 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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
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
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

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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-14-02 (305) 380-7101
Date Daytime Phone #

FILED
Jun 23, 2002 8:00 am
Secretary of State

05-29-2002 90698 005 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)