

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90740 003 ***158.75

DOCUMENT # P01000022924

1. Entity Name
ISP-TECH CORP.



Principal Place of Business
**15052 SW 141ST LANE
MIAMI, FL 33196**

Mailing Address
**15052 SW 141ST LANE
MIAMI, FL 33196**

2. Principal Place of Business

5238 NAUTILUS DR.

Suite, Apt. #, etc.

3. Mailing Address

5238 NAUTILUS DR.

Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

City & State

CAPE CORAL, FL

Zip

33904

Country

LEE

4. FEI Number

65-1083968

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIVERA, JACQUELINE
15052 SW 141ST LANE
MIAMI, FL 33196**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

[Signature]

NOTE: Registered Agent Signature required when making change.

04.25.03

DATE

FILED WITH CERTIFICATE OF STATUS

After May 1, 2003, the fee for this report

Must be paid to the Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **PSD** ☐ Delete

NAME **RIVERA, JACQUELINE**
STREET ADDRESS **15052 SW 141ST LANE**
CITY-ST-ZIP **MIAMI, FL 33196**

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PSD** ☒ Change ☐ Addition

NAME **RIVERA, JACQUELINE**
STREET ADDRESS **5238 NAUTILUS DR.**
CITY-ST-ZIP **CAPE CORAL, FL 33904**

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other (person) empowered.

SIGNATURE:

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

04.25.03

Date

239.541.3996

Daytime Phone #

CRP/PSA/11/03