

2002 UNIFORM BUSINESS REPORT (UBR)

2/13

FILED
Jun 03, 2002 8:00 am
Secretary of State

02-13-2002 90016 013 ***150.00

DOCUMENT # P01000041743

1. Entity Name
I.S.C. PALM BEACH CORP.

Principal Place of Business

**1321 WEST 42ND STREET
HIALEAH FL 33012**

Mailing Address

**1321 WEST 42ND STREET
HIALEAH FL 33012**

2. Principal Place of Business

1321 West 42 St.
Suite, Apt. #, etc.

3. Mailing Address

1321 W. 42 St.
Suite, Apt. #, etc.

City & State

Hialeah FL
Zip **33012** Country **DADE**

City & State

Hialeah FL
Zip **33012** Country **DADE**

4. FEI Number

65-1098790

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MESA, MANUEL ARTHUR ESG
100 SE 2ND STREET-37TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name **MANUEL ARTHUR MESA, ESG.**
Street Address (P.O. Box Number is Not Acceptable)
44 West Flagler St, Ste 1575
City **MIAMI, FL** Zip Code **33130**

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, typed or printed name of registered agent and fee collector

(NOTE: Registered Agent signature required when reinstating)

DATE

1/17/02

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	D	<input type="checkbox"/> Delete
NAME	CALIXTO, LUIS	
STREET ADDRESS	1321 WEST 42ND STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEBBER, JOHN	
STREET ADDRESS	1321 WEST 42ND STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	CALIXTO, FRANCISCO	
STREET ADDRESS	1321 WEST 42ND STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
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 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
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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:

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

Date

Daytime Phone #

1/17/02 786-229-6232

CR2E034 (9/01)