

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**  
 05-13-2002 90134 016 \*\*\*150.00

**DOCUMENT # P01000059598**

1. Entity Name  
**ISLAND BUILDING SUPPLY.COM, INC.**

Principal Place of Business

**780 NW 42ND AVE #416  
 MIAMI FL 33126**

Mailing Address

**780 NW 42ND AVE #416  
 MIAMI FL 33126**

2. Principal Place of Business

**711 E. OKEECHOBEE RD.**

3. Mailing Address

**711 E. OKEECHOBEE RD.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**HIALEAH FL**

City & State

**HIALEAH FL**

4. FEI Number

**65-1113293**

Applied For

Not Applicable

Zip

Country

**33010**

Zip

Country

**33010**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PASCAL, EVELYN L**

**359 S.W. 164 AVE.**

**PEMBROKE PINES FL 33027**

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.

SIGNATURE

*Evelyn L. Pascal*

**EVELYN L. PASCAL**

**4/24/02**

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)

**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete  
 NAME **PASCAL, EVELYN LOPEZ**  
 STREET ADDRESS **359 SW 164 AVE**  
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ 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: X

*Evelyn L. Pascal*

**EVELYN L. PASCAL DIR. 4/24/02 (305) 888-9090**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)