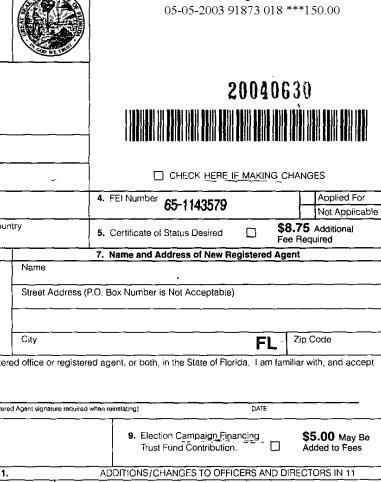
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT

P01000099100

1. Entity Name

YSAAC HOME SERVICES & PAINTING, INC.



FILED

May 05, 2003 8:00 am Secretary of State

Principal Place 400 SE 3RD A 205 HALLANDALE	AVE	S	Mailing Address 400 SE 3RD AVE 205 HALLANDALE FL 33009					20040630				
2. Principal F	Place of Busir	ness	3. Mailing Address						88(() 88()) 88 ()	10((0 30(0) ((0)) k	BIŞI DENI IBBI	
Suite, Apt	#, etc.		Suite, Apt. #, etc.					☐ CHECK HERE IF MAKING CHANGES				
City & State			City & State				4. F	65-11435/9 I			oplied For ot Applicable]
Zip Country			Zip		ntry	5. Certificate of Status Desired			\$8.75 Additional Fee Required			
	6. Name	and Address of Current	Register	Registered Agent			7. N	7. Name and Address of New Registered Agent				1
				Name			·					
ISAAC, JH 400 SE 3F		•		Street Address			dress (P.O. B	is (P.O. Box Number is Not Acceptable)				
205												1
	ALE FL 330	09				City	<u>_</u>				L . Zip Code	
	e named entit tions of regist	y submits this statement fo ered agent.	r the purp	oose of changing its	register	ed office or r	egistered age	ent, or both, in the State o	Florida. I am	familiar with,	and accept	1
SIGNATURE	Signature, typed	or printed name of registered agent a	and title if app	olicable. (NOTE	; Registere	d Agent signature	e required when re	instating)	DATE	 		
	II E NOWII	1 EEE IS \$150.00		[-						1
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00			The second secon				9. Election Campaigr Trust Fund Contrib	Financing ution.	\$5.0 Added	May Be		
Make Chec	k Payable to	Florida Department of	State									
10.		OFFICERS AND	DIRECTORS 11.				AD	ADDITIONS/CHANGES TO OFFICERS AND DIREC			S IN 11]_
TITLE	PD	5 111		Delete	TITL					Change	☐ Addition	8
NAME	ISAAC, JH				NAM							≗
STREET ADDRESS 2629 NW 17TH AVENUE APT 1 CITY-ST-ZIP MIAMI FL 33142						ET ADDRESS -ST-ZIP		•			8	
	INIDAMI I L	3142								Change	[7] Addition	CR2E034 (10/02)
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OTUEET VIDINESS					211/5	LI ADDRESS						1

12. I hereby certify that the information supplied with this filling 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 like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

<u>IGNATURE BEQUIRED</u>

Date

Daytime Phone #