

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

03-06-2002 90003 009 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000113953

1. Entity Name

ISABELLA ESTATES, INC.

Principal Place of Business

C/O HUGO E. DORTA
 801 BRICKELL AVENUE SUITE 905
 MIAMI FL 33131

Mailing Address

C/O HUGO E. DORTA
 801 BRICKELL AVENUE SUITE 905
 MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1159073

☒ Applied For
☐ Not Applicable
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

HUGO E. DORTA, P.A.
 ATTORNEYS & COUNSELORS AT LAW
 801 BRICKELL AVENUE SUITE 905
 MIAMI FL 33131

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

filing fee paid on 03/15/02

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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 ☐ Delete
 NAME DORTA, HUGO E
 STREET ADDRESS 801 BRICKELL AVE SUITE 905
 CITY-ST-ZIP MIAMI FL 33131

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

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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)(f), 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

03/15/02 (305) 377 2100

Date

Daytime Phone #

CR2034 (4/02)

Attachment
Dr. #

870680
[REDACTED]
01000113953

ISABELLA ESTATES INC. OPERATING ACCOUNT 801 BRICKELL AVE., STE. 905 MIAMI, FL 33131		826092 1007	
TOTALBANK MIAMI, FL 33145-3271 63-815680 40		2/15/2002	
PAY TO THE ORDER OF Department of State			
One Hundred Fifty and 00/100 *****020375596 2193 2194 08 \$3-150.00			
MEMO Corporate Annual Filing Fee		00195792#06	
0001001# 0066009155#		0000015880#	
0000015880#		0000015880#	

Security Features Included ☐ Details on Back

0000015880#

Attachment
01000113753

DEPARTMENT OF STATE
FOR DEPOSIT ONLY
ACCT.# 1009068796

FEB 26 2002

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