

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 21, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90084 036 \*\*\*150.00

**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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1159073**

Applied For  
Not Applicable

Zip Country

Zip Country

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  DATE **01/13/2003**

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| TITLE | NAME                 | STREET ADDRESS                    | CITY-ST-ZIP           | <input type="checkbox"/> Delete |
|-------|----------------------|-----------------------------------|-----------------------|---------------------------------|
| D     | <b>DORTA, HUGO E</b> | <b>801 BRICKELL AVE SUITE 905</b> | <b>MIAMI FL 33131</b> | <input type="checkbox"/>        |
|       |                      |                                   |                       | <input type="checkbox"/>        |
|       |                      |                                   |                       | <input type="checkbox"/>        |
|       |                      |                                   |                       | <input type="checkbox"/>        |
|       |                      |                                   |                       | <input type="checkbox"/>        |
|       |                      |                                   |                       | <input type="checkbox"/>        |

| TITLE | NAME                 | STREET ADDRESS                        | CITY-ST-ZIP                 | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
|-------|----------------------|---------------------------------------|-----------------------------|---------------------------------|--|
| D / P | <b>Hugo E. Dorta</b> | <b>801 Brickell Avenue, Suite 905</b> | <b>Miami, Florida 33131</b> | <input type="checkbox"/>        | <input checked="" type="checkbox"/>          |
|       |                      |                                       |                             | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                      |                                       |                             | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                      |                                       |                             | <input type="checkbox"/>        | <input type="checkbox"/>                     |
|       |                      |                                       |                             | <input type="checkbox"/>        | <input type="checkbox"/>                     |

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 recipient of a 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 to this address, with all other officers empowered.

SIGNATURE:  SIGNATURE REQUIRED

01/13/2003

Date Daytime Phone #

CR2E034 (10/02)