

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

01-21-2003 90135 010 ***150.00

DOCUMENT # P02000024203

1. Entity Name

LAW OFFICES OF ANTOINE ISMA, P.A



Principal Place of Business

1175 N.E. 125TH STREET

SUITE 314

NORTH MIAMI FL 33161 *see Below*

Mailing Address

1175 N.E. 125TH STREET

SUITE 314

NORTH MIAMI FL 33161

2. Principal Place of Business

480 NE 13th STREET

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FLORIDA

Zip

33304

Country

U.S.A.

3. Mailing Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

ISMA, ANTOINE

625 NE 124TH STREET

NORTH MIAMI FL 33161 *480 NE 13th Street
Fort Lauderdale, FL 33304*

7. Name and Address of New Registered Agent

Name

ISMA ANTOINE

Street Address (P.O. Box Number is Not Acceptable)

480 NE 13th STREET

City

FORT LAUDERDALE

Zip Code

FL 33304

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

Antoine Isma
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-17-03

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

ISMA, ANTONINE

625 NE 124TH STREET

NORTH MIAMI FL 33161

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

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CITY-ST-ZIP

☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ Addition

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

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 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.

SIGNATURE:

Antoine Isma
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-03

Date

Daytime Phone #

CR2E034 (10/02)