## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 02000078318

1. Entity Name

ISABELA DOLLAR STORE INC



## FILED Feb 28, 2003 8:00 am Secretary of State

02-28-2003 90142 006 \*\*\*150.00

			<u>/</u>				
	DO NOT WR	TE IN THIS	SPAC	E	60	01354	j
ſ	Place of Business	3. Mailing Address	3. Mailing Address				
	SW 8TH AVE	434 SW 8TH AVE					
Suite, Ap	i. #, etc.	Suite, Apt. #, etc.		i	DO NOT WI	RITE IN THIS SF	PACE
City & Sta		City & State			4. FEI Number		Applied For
MIAMI, FL Zip Country		MIAMI, FL		81-0561845		Not Applicabl	
3313	Country 30 USA	Zip 33130	Cour		5. Certificate of Status Desired		8.75 Additional
		33130	I_USA		7. Name and Address of Currer		ee Required
	DO NOT	WOLTE		Name	J. MESA	<u> </u>	
	DO NOT		Street Address		P.O. Box Number is Not Acceptable) 1 SW 33RD CIRCLE PLACE		
	IN THIS	SPACE	, .	11231	SW 33RD CIRCLE P	LACE	
				City MIAMI		FL	Zip Code 33165
the obliga	e named entity submits this statem tions of registered agent.	ent for the purpose of changing	its registere	d office or registere	d agent, or both, in the State of F	lorida. I am farr	niliar with, and accept
•							
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable	IOTE: Registered	Agent signature required w			
Jai	nuary 1 - May 1 Fee is \$150.0		-OTE. Hegistered	Agent signature required w		DATE	
	After May 1, Fee is \$550.00 Amended UBR is \$61.25				Election Campaign Fit     Trust Fund Contribution		\$5.00 May Be
	Payable to Flortda Departme	articles to the articles of the date.			Trust Fund Contribution	ın. 📋	Added to Fees
TITLE <sup>1</sup>	P .: OFFICERS	AND DIRECTORS	Section of the sectio			alante (all lay)	· · · · · · · · · · · · · · · · · · ·
NAME	JUAN J. MESA		TITLE NAME				
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CITY-ST-ZIP	MIAMI, EL 33165		CITY-	ST-ZIP		allies Tallering	
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TITLE NAME			TITLE			PERMITTED	<del>Vilja andra de la compositione </del>
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NAME STREET ADDRESS			NAME		IN THIS	SPACE	
CITY-ST-ZIP			STREET	ADDRESS	ganga ar ann ann an airte an	A Personal Control of the Australia The Australia Control of the Austra	
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NAME			NAME	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Service of the service	Tr.=#8
STREET ADDRESS CITY - ST - ZIP			<b>新工事等等</b>	ADDRESS			
TITLE			CITY4S	I-ZIP	A THE CONTRACTOR OF THE PARTY O		1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
NAME			NAME	Marine Commission of the Commi			F 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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CITY-ST-ZIP	artify that the information ounnited		CITY-S	-ZIP.		ALAN ENTER SO	i a Maria

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 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 on an

SIGNATURE: \_

JUAN J. MESA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-26-2003 Date

786-493-1333

Daytime Phone #

3R2E034B (12/02)