

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2000 8:00 am
Secretary of State

03-07-2000 90090 003 ***150.00

DOCUMENT # P95000070514

1. Entity Name
ISM ENTERPRISES, INC.

Principal Place of Business 170 CELESTIAL WAY SUITE 8-2 JUNO BEACH FL 33408	Mailing Address 170 CELESTIAL WAY SUITE 8-2 JUNO BEACH FL 33408-2369
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DO NOT WRITE IN THIS SPACE

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 **65-0615081** 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

KRAMER, SCOTT ESQ.
14155 U.S. HIGHWAY ONE
SUITE 205
JUNO BEACH FL 33408

Name
MONIKA M.A. KAPNICK
 Street Address (P.O. Box Number is Not Acceptable)
170 CELESTIAL WAY
8-2
 City **JUNO BEACH** FL Zip Code **33408**

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.

SIGNATURE **MONIKA KAPNICK** **02/10/2000**
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVTS KAPNICK, MONIKA M. A 170 CELESTIAL WAY, #8-2 JUNO BEACH FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MONIKA KAPNICK** **02/10/2000** **(561) 1027-5886**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)