

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90033 006 ***150.00

DOCUMENT # P 95000070514

1. Entity Name

ISM ENTERPRISES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

170 Celestial Way
Suite, Apt. #, etc.
8-2

3. Mailing Address

170 Celestial Way
Suite, Apt. #, etc.
8-2

DO NOT WRITE IN THIS SPACE

City & State

Juno Beach, FL

City & State

Juno Beach

4. FEI Number

65-0615081

Applied For

Not Applicable

Zip

33408

Country

USA

Zip

33408

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KAPNICK, Monika M.A.

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

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) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

PVTS
KAPNICK, Monika M.A.
170 Celestial Way # 8-2
Juno Beach, FL 33408

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

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CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered

SIGNATURE:

Monika M.A. KAPNICK 4/23/02 627-5886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)