

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90104 003 ***158.75

DOCUMENT # **P98000011292** **R**
 1. Entity Name
ISAAC ASSOCIATES, INC.

Principal Place of Business
HOME
 Mailing Address
7130 S.W. 5 STREET
PEMBROKE PINES, FLA.
33023

00065898

2. Principal Place of Business
HOME
 Suite, Apt. #, etc.

3. Mailing Address
7130 S.W. 5 STREET
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
PEMBROKE PINES, FLA.
 Zip
33023
 Country
U.S.A.

4. FEI Number
050817453
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
MIKEL ISAAC
7130 SW 5 STREET
PEMBROKE PINES, FLA. 33023

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named agent submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
 SIGNATURE **Mikel Isaac** **MIKEL ISAAC** **5/20/2000**
 Signature: _____ Printed name: _____ and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is unable 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

TITLE PRESIDENT	<input type="checkbox"/> Delete
NAME MIKEL ISAAC	
STREET ADDRESS 7130 S.W. 5 STREET	
CITY-ST-ZIP PEMBROKE PINES, FLA. 33023	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Delete
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME JULIETTE MALDONADO	
STREET ADDRESS 4100 N.W. 193 STREET	
CITY-ST-ZIP MIAMI, FLA. 33055	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	
TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	
STREET ADDRESS 	
CITY-ST-ZIP 	

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: **Mikel Isaac** **5/20/00** **954 963-3948**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)