## **FILED** Apr 30, 2002 8:00 am Secretary of State

04-30-2002 90147 008 \*\*\*150.00

## 2002 UNIFORM BUSINESS REPORT (UBR)

P98000014634

DOCUMENT # 1. Entity Name

ISOCOMM, INC.

Principal Place of Business

3710 N.W. 116 TERRACE

SUNRISE FL 33323

Mailing Address

3710 N.W. 116 TERRACE

SUNRISE FL 33323

2. Principal Plac	e of Business	3. Mailing Addre	ess				
Suite, Apt. #, etc.		Suite, Apt. #,	Suite, Apt. #, etc.				
City & State		City & State	City & State				
Zip	Country	Zip	Country				



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2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State		4.	4. FEI Number 65-0828774			Applied For	
Zip		Country	Zip	Cour	itry	5. (	Certificate of Status Desired	] <b>\$</b>	8.75 Ac	lot Applicable
6. Name and Address of Current Registered Agent					Γ	Fee Required 7. Name and Address of New Registered Agent				
					Name		Tame and Address of New Regist	erea Ag	ent	
CABREJO, DAVID					The state of the s					
						Street Address (P.O. Box Number is Not Acceptable)				
	V. 116 TERF	RACE								
SUNRISE	FL 33323									
	<i>,</i> <sup>7</sup>				0		<u> </u>			
8. The above flamed entity admits this statement for the purpose of changing its SIGNATURE Sprature larged or printed name of registeract port and title if applicable. (NOT				City			FL	Zip Coc	de	
8. The above	e camed entity	/ sylpmits this statement for the	ne purpose of abanaina ita	raaiatau					<u> </u>	
			te purpose of changing its	registere	ea office or i	registered ag	ent, or both, in the State of Florida.			
	~ /c	Shal						}	1 -	
SIGNATURE			<u> </u>		_		0	4116	100	
	Signature, when	or printed name or registered agent and	title if applicable. (NOTE	Registere	Agent signatur	e required when re	instating)	ATE.	7	
9. This corp	oration is eligi	ble to satisfy its Intangible	FILE NOW!	FEE	IS \$150.0	<u> </u>			<del></del>	
Tax filing	requirement a	ind elects to do so.	FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.0		00.00	10. Election Campaign Financing		\$5.0	<b>)0</b> May Be	
	ria on back)		Make Check Payab	le to Da	martment	of State	Trust Fund Contribution,			d to Fees
11,		OFFICERS AND DI	<u> </u>							
TITLE	T <sub>n</sub>	OFFICERS AND DI	<del></del>	12.		ADI	DITIONS/CHANGES TO OFFICERS	AND D	IRECTOR	S IN 11
	P		☐ Delete	TITLE					Change	☐ Addition
NAME	GUTIERRE			NAME						
STREET ADDRESS		116 TERRACE		STREE	T ADDRESS					
CiTY-ST-ZIP	SUNRISE	FL 33323		CITY-	ST-ZIP					
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NAME		DAVID GUSTAVO	L beide	NAME	ŀ			L	] Change	☐ Addition
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CITY-ST-ZIP	SUNRISE I				ST-ZIP					
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3, 2,0				CITY-S	i - ZIP					ļ

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 of fluster 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Change

Addition