2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other,

May 16, 2000 8:00 am Secretary of State DOCUMENT # **P99000028963** ISABELA TRADING COMPANY INC. 05-16-2000 90126 018 ***150.00 Mailing Address Principal Place of Business 137-04 SW 109 CT 137-04 SW 109 CT MIAMI FL 33176-6468 MIAMI FL 33176 2. Principal Blace of Business 3. Mailing Address 137-04 SW 109 same as #2 Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State Miami, City & State 4. FEI Number FL ~ Not Applicable 65 - 0708732Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33176 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent same as #6 PEREZ, ABISAEL Street Address (P.O. Box Number is Not Acceptable) 137-04 SW 109 CT **MIAMI FL 33176** Zip Code 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 . DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President Change ☐ Addition TITLE TITLE ☐ Delete Perez, Stephen NAME 107 Lilac Drive STREET ADDRESS STREET ADDRESS E. Stroudsburg, PA 18301 CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE Perez, Michael S NAME NAME 18 Mary Street STREET ADDRESS STREET ADDRESS Tappan NY 10983-1721 -CITY-ST-ZIP CITY-ST-ZIP Secretary/Tres Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS 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

FILED