

2004

2004 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P99000028963**

1. Entity Name

ISABELA TRADING COMPANY INC.**FILED**
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90226 050 ***150.00

Principal Place of Business

137-04 SW 109 CT
MIAMI FL 33176

Mailing Address

137-04 SW 109 CT
MIAMI FL 33176

2. Principal Place of Business

6790 BIG BEND DRIVE

3. Mailing Address

6790 Big Bend Drive

Suite, Apt. #, etc.

ST CLOUD, Florida

Suite, Apt. #, etc.

St CLOUD, Florida

City & State

City & State

4. FEI Number **65-0708732**

Applied For

Not Applicable

Zip

34771

Country

Zip

34771

Country

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

6. Name and Address of Current Registered Agent

PEREZ, ABISAEI
137-04 SW 109 CT
MIAMI FL 33176

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Numbers Not Accepted)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(If not Registered Agent signature required when not changing)

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, 2004 fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Finance
Trust Fund Contribution ☐**\$5.00 May Be**
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **PEREZ, STEPHEN**
STREET ADDRESS **107 LILAC DR**
CITY-STATE-ZIP **EAST STROUDSBURG PA 18301**TITLE **ST** ☐ Delete
NAME **PEREZ, MICHAEL S**
STREET ADDRESS **18 MARY STREET**
CITY-STATE-ZIP **TAPPAN NY 10983-1721**TITLE ☒ Delete
NAME **VP Perez, Abisael**
STREET ADDRESS **137 04 SW 109 CT**
CITY-STATE-ZIP **MIAMI, FL 33176**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **President** ☒ Change ☐ Addition
NAME **Stephen Perez**
STREET ADDRESS **111 Lilac Drive**
CITY-STATE-ZIP **E Stroudsburg, PA 18301**TITLE **ST** ☒ Change ☐ Addition
NAME **PEREZ, Michael S**
STREET ADDRESS **107 Lilac Drive**
CITY-STATE-ZIP **E Stroudsburg, 18301**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-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: *Stephen Perez*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*president**4/19/04*

Date

*570 421-7873**407-892-5243*

Daytime Phone #

CR3E034 (10/00)

0223456