

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000064181

1. Entity Name
ISAZA PINZON, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90036 035 ***150.00

Principal Place of Business
1101 BRICKELL AVE STE 1100
MIAMI FL 33131

Mailing Address
1101 BRICKELL AVE STE 1100
MIAMI FL 33131-3151



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 65-0934752		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PENA & SIDLOSCA 1101 BRICKELL AVE STE 1100 MIAMI FL 33131		Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (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. ☐ **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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAZA, OSCAR 1101 BRICKELL AVE STE 1100 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISAZA, OSCAR 2950 MEADOW LANE Weston, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINZON, AMPARO 1101 BRICKELL AVE STE 1100 MIAMI FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINZON, AMPARO 2950 MEADOW LANE Weston, FL 33331
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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: OSCAR ISAZA 02/18/00 (954) 2987597.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)