

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90044 004 ***150.00

DOCUMENT # P99000065022

1. Entity Name
ISMAR DEVELOPMENT, INC.

Principal Place of Business 3850 BIRD ROAD MIAMI FL 33146 250 Giralda Ave Coral Gables Fla 33134	Mailing Address 3850 BIRD ROAD MIAMI FL 33146-1571 250 Giralda Ave Coral Gables Fla 33134
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 250 Giralda Ave	3. Mailing Address 250 Giralda Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State Coral Gables Florida	City & State Coral Gables Florida	4. FEI Number 65-0935313	Applied For <input type="checkbox"/> Not Applicable
Zip 33134	Country U.S.A	Zip 33134	Country U.S.A
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SOCORRO, HENRY 3850 BIRD ROAD MIAMI FL 33146		7. Name and Address of New Registered Agent Name Socorro Henry Street Address (P.O. Box Number is Not Acceptable) 250 Giralda Ave City Coral Gables FL Zip Code 33134	
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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 *Socorro Henry* **Socorro Henry** DATE **4/28/00**

Signature, typed or printed, name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HIDALGO, MARIO O 17007 COLLINS AVENUE SUNNY ISLE FL 33162	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELBOZ, ISAAC E 4038 STAGHAM LANE WESTON FL 33331	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOCORRO, HENRY 380 GIRALDA AVE #602 CORAL GABLES FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 live empowered.

SIGNATURE: *Socorro Henry* **Socorro Henry** DATE **4/28/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)