

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2002 8:00 am
Secretary of State

02-08-2002 90014 032 ***150.00

0200012 AV

DOCUMENT # P99000108120

1. Entity Name

I.S. IMPORT/EXPORT, CORPORATION

Principal Place of Business

**13899 BISCAYNE BLVD.
 NORTH MIAMI BEACH FL 33181**

Mailing Address

**13899 BISCAYNE BLVD.
 NORTH MIAMI BEACH FL 33181**

2. Principal Place of Business

169 E. FLAHLER ST

3. Mailing Address

169 E. FLAHLER ST.

Suite, Apt. #, etc.

SUITE 2534, PMB 1199

Suite, Apt. #, etc.

SUITE 2534, PMB 1199

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

U.S.A.

Zip

33131

Country

U.S.A.

4. FEI Number

65-0971011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**PRADOS, MARY E
 420 LINCOLN ROAD
 SUITE #357
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

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

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

(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. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 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

TITLE **D** ☐ Delete
 NAME **PISANO, VITTORIO**
 STREET ADDRESS **13899 BISCAYNE BLVD.**
 CITY-ST-ZIP **NORTH MIAMI BEACH FL 33181**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **DOLCINI, DORINA**
 STREET ADDRESS **169 E. FLAHLER ST., SUITE 2534, PMB 1199**
 CITY-ST-ZIP **MIAMI, FL 33131**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

X Dorina Dolcini

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)