

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90499 007 \*\*\*150.00

**DOCUMENT # G03461**

1. Entity Name  
**IZALE, INC.**



Principal Place of Business  
**200 SOUTH BISCAYNE BLVD  
SUITE 4750  
MIAMI FL 33131  
US**

Mailing Address  
**413 INTERAMERICA BLVD WH-1  
ATTN: MR. SERGIO BAUM  
LAREDO TX 78045  
US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-3888654**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BLOOM, LEONARD H  
1101 BRICKELL AVE.  
SUITE 1400  
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. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          | <b>P</b>                                       | <input type="checkbox"/> Delete |
| NAME           | <b>BAUM, AIDA</b>                              |                                 |
| STREET ADDRESS | <b>1201 SO. OCEAN DR., APT. 1705 NO. TOWER</b> |                                 |
| CITY-ST-ZIP    | <b>HOLLYWOOD BEACH FL 33019</b>                |                                 |
| TITLE          | <b>S</b>                                       | <input type="checkbox"/> Delete |
| NAME           | <b>BAUM, SERGIO</b>                            |                                 |
| STREET ADDRESS | <b>1201 SO. OCEAN DR., APT. 1705 NO. TOWER</b> |                                 |
| CITY-ST-ZIP    | <b>HOLLYWOOD BEACH FL 33019</b>                |                                 |
| TITLE          | <b>AS</b>                                      | <input type="checkbox"/> Delete |
| NAME           | <b>WACKSMAN, LEONARD</b>                       |                                 |
| STREET ADDRESS | <b>505 PARK AVE 9TH FL</b>                     |                                 |
| CITY-ST-ZIP    | <b>NEW YORK NY 10022</b>                       |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |
| TITLE          |  | <input type="checkbox"/> Delete |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                |  |   |
|----------------|--|---|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |  |   |
| STREET ADDRESS |  |   |
| CITY-ST-ZIP    |  |   |

12. 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 reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SERGIO BAUM**

Date

Daytime Phone #

**FEBRUARY 24- '03.**

CR2E034 (10/02)

Attachment 80044394  
#G03461

IZALE, INC.  
ATTN: MR. SERGIO BAUM  
413 INTERAMERICA BLVD. WH1  
SUITE 24-138.  
LAREDO, TEXAS 78045.