

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90033 022 ***150.00



DO NOT WRITE IN THIS SPACE

DOCUMENT # J79147 1. Entity Name AIZER II, INC.																																											
Principal Place of Business N.W. 45 STREET SPRINGS FL 33065		Mailing Address 9871 N.W. 45 STREET CORAL SPRINGS FL 33065																																									
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																									
City & State		City & State																																									
Zip		Country		4. FEI Number 22-2822657																																							
5. Certificate of Status Desired <input type="checkbox"/>		Applied For		Not Applicable																																							
6. Name and Address of Current Registered Agent AIZER, IRIS 9871 N.W. 45 STREET CORAL SPRINGS FL 33065		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 _____ (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) <input checked="" type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees																																							
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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: <i>Ronald Aizer</i> (Ronald Aizer) 1/3/2001 561-672-4757 _____ DATE Daytime Phone #																																											

CR2E034 (10/00)