

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90086 013 \*\*\*\*50.00

<b>DOCUMENT # L01000010020</b>			
1. Entity Name <b>MIZY, LLC</b>			
<b>DO NOT WRITE IN THIS SPACE</b>			
2. Principal Place of Business <b>150 SE 2ND AVENUE</b> Suite, Apt. #, etc. <b>SUITE #1200</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b> Country <b>US</b>		3. Mailing Address <b>150 SE 2ND AVENUE</b> Suite, Apt. #, etc. <b>SUITE #1200</b> City & State <b>MIAMI, FL</b> Zip <b>33131</b> Country <b>-US</b>	
		DO NOT WRITE IN THIS SPACE	
		4. FEI Number <b>65-1119993</b>	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>DO NOT WRITE IN THIS SPACE</b>		7. Name and Address of Current Registered Agent	
		Name <b>MIAMI CORPORATE SYSTEMS, INC.</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>283 CATALONIA AVENUE, 2ND FLOOR</b>	
		City <b>CORAL GABLES, FL</b> Zip Code <b>33134</b>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
		FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1	
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER MIGUEL BAUM 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGING MEMBER ZYMA BAUM 150 SE 2ND AVENUE, SUITE #1200 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: <u>Miguel Baum</u> <b>MIGUEL BAUM</b>		3/19/02	305-374-2001
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E083B (12/01)