CR2E083 (10/02)

FILED

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR

DOCUMENT # L01000010020



Jan 15, 2003 8:00 am Secretary of State 1. Entity Name 01-15-2003 90047 007 ****50.00 MIZY, LLC Principal Place of Business Mailing Address 150 SE 2ND AVENUE 20007194 150 SE 2ND AVENUE STE #1200 STE #1200 MIAMI FL 33131 **MIAMI FL 33131** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 65-1119993 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent MIAMI CORPORATE SYSTEMS, INC. 283 CATALONIA AVE. 2ND FLOOR Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 City 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 DEPARTMENT Q SIGNATURE (NOTE: Registered Agent Goding (NOTE: Registered Agent Goding) Signature, typed or printed name of registered agent and title if applicable DATE FILE NOW!!! FEE IS \$50.00 1009068796 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITLE Change ■ Addition NAME BAUM, MIGUEL NAME STREET ADDRESS 150 SE 2ND AVENUE STE #1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE MGRM ☐ Delete TITLE ☐ Change ☐ Addition BAUM, ZYMA NAME NAME STREET ADDRESS 150 SE 2ND AVENUE STE #1200 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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:

9.

OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #