## 2001 UNIFORM BUSINESS REPORT (UBR)

Principal Place of Business

Mailing Address

8129 N.W. 88TH AVENUE TAMARAC FL 33321

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## **DOCUMENT # L05022** 1. Entity Name IZGI, INC.

FILED Apr 13, 2001 8:00 am Secretary of State 04-13-2001 90084 020 \*\*\*150.00

2. Principal P	lace of Business 88th Ave						
Suite, Apt. #, etc.  Suite, Apt. #, etc.			88th Ave	DO NOT WE	RITE IN THIS SI	PACE	
TAMADAC FL THINH		THMARAC	FL	4. FEI Number 65-013303	FEI Number 65-0133030		oplied For ot Applicable
Zip 33	Zip 33321 Country 333321 Cou			5. Certificate of Status Desired See Required Fee Required			
	6. Name and Address of Current Re		7. Name and Address of New Registered Agent				
KALAKORE, MITCHELL 8129 NW 88 AVE. TAMARAC FL 33321			Name Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Code	е
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 require	d when reinstating)	DATE		
Tax filing requirement and elects to do so.  After MAY 1, 2001			FEE IS \$150.00 1 Fee will be \$550.00 e to Department of Sta	10. Election Campaign F Trust Fund Contribut			<b>0</b> May Be I to Fees
11. OFFICERS AND DIRECTORS			12.	ADDITIONS/CHANGES TO OF	FICERS AND	DIRECTORS	S IN 11
TITLE NAME STREET ADDRESS	PD IZGI, CNA 8129 NW 88 AVE	☐ Delete	TITLE NAME STREET ADDRESS			Change	☐ Addition
CITY-ST-ZIP TITLE NAME	TAMARAC FL VSTD KALAKORE, MITCHELL	☐ Delete	CITY-ST-ZIP  TITLE  NAME			☐ Change	Addition
STREET ADDRESS	8129 NW 88 AVE. TAMARAC FL	•	STREET ADDRESS CITY-ST-ZIP		^ · · · ·	ے م - جانبین	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TANKATO	☐ Defete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. 18. 0.00	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
13. I hereby of	certify that the information supplied with th	is filing does not qualify for t	he exemption stated in Se	ection 119.07(3)(i), Florida Statutes	s. I further certi	ry that the ir	ntormation

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:

KALAKORE