365-591-9865 Daytime Phone #

## 2001 UNIFORM BUSINESS REPORT-(UBR)

**SIGNATURE:** 

DOCUMENT # PÓÓÓÓÓ51651 .  1. Entity Name  IZZ GROUP, INC.				Secret	Secretary of State 07-31-2001 90231 024 ***150.00		
Original Dis							
- 590-W FLAGE MIAMI-FL-331	·· -··- <del>-</del> ·	Mailing Address  -590 W-FLAGLER-STREET  -MIAMI-FL-33130					
72		3. Mailing Address フンフッ N	WITS	\$ 100 1100 111 00111 00111 00	/AL BUDDA BEDAN DUNEN SAKUL SAULU -	, B1101 01101 1f04 1601	
Suite Apt. #, etc. SUITE PH-4		Suite, Apt. #, etc. SUITE PH - 4		DO NOT	DO NOT WRITE IN THIS SPACE		
	ami th	City & State M ( Am )	FL	4. FEI Number 65 - 104 77	7//	Applied For Not Applicable	
Zip 3 3 1	76 Country US A	Zip 33126	Country US A		Fee Re	Additional equired	
	6. Name and Address of Current I	Registered Agent	Name	7. Name and Address of N	w Registered Agent		
RYAN AIMAN				Address (P.O. Box Number is Not Acceptable)			
			City		FL Zip	Code	
8. The above	e named entity submits this statement for	the purpose of changing its re	egistered office or re	egistered agent, or both, in the State	of Florida.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: F	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)  FILE NOW!!!-FEE IS \$550.00  After September 12, 2001 Fee will be \$ Make Check Payable to Department of				\$750.00 Trust Fund Contril	n Financing soution.	\$5.00 May Be Added to Fees	
11.	OFFICERS AND I		12.	ADDITIONS/CHANGES TO		· <del></del>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARYAN, AIMAN 590 W FLAGLER STREET MIAMI FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Cha	ange	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ARYAN, AMJAD 590 W FLAGLER STREET MIAMI FL 33130	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Cha	ange 🔲 Addition	
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TITLE , NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,	☐ Cha	ange 🔲 Addition	
13. I hereby of indicated of the corchanged.	certify that the information supplied with f on this report or supplemental report is rporation or the receive or trustee empo , or on an attachment with an address, w	this filing does not qualify for the true and acculrate and that my wered to execute this report as with all otherwije empowered.	ne exemption stated signature shall have s required by Chapte	I in Section 119.07(3)(i), Florida Statu e the same legal effect as if made un er 607, Florida Statutes; and that my	tes. I further certify that der oath; that I am an o name appears in Block	the information fficer or director 11 or Block 12 if	

Affachment

RICHARD A. SPAHN & ASSOCIATES, P.A.

ACCOUNTING AND TAX CONSULTANTS

PROFESSIONAL BUILDING

PROFESSIONAL BUILDING 1601 N. PALM AVENUE SUITE 208 PEMBROKE PINES, FLORIDA 33026 PHONE: (954) 430-7675 FAX: (954) 430-7674 PROFESSIONAL BUILDING 3442 S.E. LAKE WEIR ROAD SUITE B OCALA, FLORIDA 34471 PHONE: (352) 732-2104 FAX: (352) 671-5373

JULY 27, 2001

FLORIDAUDEPARTMENT OF STATE

DEAR MADAM/SIR:

RE: IZZ GROUP, INC.
DOCUMENT # P00009051651

THE TAXPAYER REQUESTED THAT I WRITE YOU CONCERNING THE ATTACHED NOTICE THAT THE ANNUAL REPORT PAYMENT DUE MAY 1st WAS NEVER RECEIVED BY YOUR OFFICE.

THE TAXPAYER IS A MULTI CORPORATE CONGLOMERATE OWNING AN INTEREST IN THE FOLLOWING CORPORATIONS:

IZZ GROUP, INC.
IZZ AND SONS, INC.
ROBERTS DRUG STORE EXPORT DIVISIONS INC.
RDS ENGINEERING-& CONSTRUCTION, INC.
PHARMACY ONE, INC.

IN THIS PARTICULAR SITUATION, THE OFFICERS OVERLOOKED THE PAYMENT.

INTERNAL PROCEDURES HAVE BEEN ADOPTED TO PREVENT THIS FROM REOCCURING.

ON BEHALF OF THE TAXPAYERS I RESPECTFULLY REQUEST AN ABATE OF THE PROPOSED PENALTY ASSESSMENT OF \$400 BY ACCEPTING THE ATTACHED CHECK IN THE AMOUNT OF \$150. AND CONSIDER THE CORPORATION AS AN ACTIVE UP TO DATE CURRENT CORPORATION.

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