

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90153 011 ***150.00

DOCUMENT # P01000035772

1. Entity Name
IZJD CORP.



Principal Place of Business
**3725 SW 30 AVENUE
FORT LAUDERDALE FL 33312**

Mailing Address
**3725 SW 30 AVENUE
FORT LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1105811**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**MONTELLO, LOUIS R
777 BRICKELL AVENUE
SUITE 1070
MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name **TANIA N. ESPINOSA**
Street Address (P.O. Box Number is Not Acceptable)
**3725 SW 30 AVENUE
FORT LAUDERDALE, FL 33312**

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 the obligations of registered agent.

SIGNATURE *Tania N. Espinosa*
Signature, typed or printed name of registered agent and title if applicable.

TANIA N. ESPINOSA, SECRETARY
(NOTE: Registered Agent signature required when reinstating)

DATE **1/6/03**

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LEKACH, ILJA	
STREET ADDRESS	3725 SW 30 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEKACH, ISAAC	
STREET ADDRESS	3725 SW 30 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33312	
TITLE	SECRETARY	<input type="checkbox"/> Delete
NAME	TANIA N. ESPINOSA	
STREET ADDRESS	3725 SW 30 AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-06-03
Date

(954) 316-9008
Daytime Phone #

CR2E034 (10/02)