

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90547 025 ***158.75

DOCUMENT #

1. Entity Name

DIZZY, INC
P 01000104800

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

16320 NW 48 Ave
Suite, Apt. #, etc.

3. Mailing Address

PMB 238
Suite, Apt. #, etc.
48 B; - State Plaza

DO NOT WRITE IN THIS SPACE

City & State
Miami Fla

Zip
33014

Country
US

City & State
Old Tappan NJ

Zip
07675

Country

4. FEI Number

65-1158347

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Dror Zipken

Street Address (P.O. Box Number is Not Acceptable)

9814 W. Broadview Dr.

Bay Harbor Island

FL

Zip Code

33154

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 is used when resigning)

1/13/03
DATE

9. This corporation is eligible to satisfy its intangible

tax filing requirement and elects to do so.

(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing

Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE
President
NAME
Dror Zipken
STREET ADDRESS
9814 W. Broadview Dr
CITY-STATE-ZIP
Bay Harbor Island, Fla. 33154

TITLE
Vice President
NAME
Janet Garfinkel
STREET ADDRESS
669 Alexander Ct
CITY-STATE-ZIP
River Vale NJ 07675

TITLE
NAME
STREET ADDRESS
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CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/13/03
DATE

Daytime Phone #