

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000014917

1. Entity Name

IZLA & CO., INC.

FILED

Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90045 001 ***150.00

Principal Place of Business

Mailing Address

5335 FOUNTAINBLEAU BLVD.
SUITE C207
MIAMI FL 33172

P.O. BOX 652056
MIAMI FL 33265-2056

2. Principal Place of Business

3. Mailing Address

6680 SW 54 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

Zip 33155

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CARBAJO, LIZA Y
9335 FOUNTAINBLEAU BLVD.
SUITE C207
MIAMI FL 33172

Name

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

6680 SW 54 LN

City

MIAMI

FL

Zip Code

33155

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

Liza Carajo
Signature, typed or printed name of registered agent and title if applicable.

LIZA CARBAJO, PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

4/10/00
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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete

NAME PEREZ, LISANDRO O
STREET ADDRESS 9335 FOUNTAINBLEAU BLVD.
CITY-ST-ZIP MIAMI FL 33172

TITLE D ☐ Delete

NAME CARBAJO, LIZA Y
STREET ADDRESS 9335 FOUNTAINBLEAU BLVD.
CITY-ST-ZIP MIAMI FL 33172

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition

NAME P.O. BOX 652056
STREET ADDRESS MIAMI FL 33265-2056
CITY-ST-ZIP

TITLE P/D ☒ Change ☐ Addition

NAME P.O. BOX 652056
STREET ADDRESS MIAMI FL 33265-2056
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

LISANDRO PEREZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/00 (305) 669-0960
Date Daytime Phone #

CR2E034 (9/99)