

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91801 046 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000037270 1. Entity Name WISE BUSINESS INTERNATIONAL, INC.					
Principal Place of Business 7220 MN 86 ST MIAMI, FL 33166		Mailing Address 7220 MN 86 ST MIAMI, FL 33166			
2. Principal Place of Business 9600 NW 25th St Suite, Apt. #, etc. 5-D City & State Miami FL Zip 33172		3. Mailing Address 9600 NW 25th St Suite, Apt. #, etc. 5-D City & State Miami FL Zip 33172			
Country DADE		Country DADE		4. FEI Number 65-1095009	
5. Certificate of Status Desired ☐		Applied For ☐ Not Applicable			
6. Name and Address of Current Registered Agent PAUL, IRENE J 16300 NE 19 AVE, STE 249 N MIAMI BEACH, FL 33162					
7. Name and Address of New Registered Agent Name Marco A. Pardo Street Address (P.O. Box Number is Not Acceptable) 9600 NW 25th St Suite 5D City Miami FL Zip Code 33172					
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 <u>Marco A. Pardo</u> DATE <u>4/30/03</u> Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent's signature required when resigning)					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LA RIVA CHACIN, MIGUEL A 16300 NE 19 AVE, STE 249 N MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY-ST-ZIP DP LA RIVA CHACIN MIGUEL A 9600 NW 25th St Suite 5-D MIAMI FL 33172		
TITLE NAME STREET ADDRESS CITY-ST-ZIP V MILANO HUBNER, ALEJANDRO J 16300 NE 19 AVE, STE 249 N MIAMI BEACH, FL 33162			TITLE NAME STREET ADDRESS CITY-ST-ZIP V MILANO HUBNER ALEJANDRO J 9600 NW 25th St Suite 5-D MIAMI FL 33172		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: <u>Marco A. Pardo</u> DATE <u>04/30/03</u> PHONE <u>305-406-3333</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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CHECK HERE IF MAKING CHANGES

CR2034 (10/02)