

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000002479

1. Entity Name

WISEDRIVER.COM, INC.

Principal Place of Business

701 BRICKELL AVE., SUITE 3120
MIAMI FL 33131

Mailing Address

701 BRICKELL AVE., SUITE 3120
MIAMI FL 33131

2. Principal Place of Business

1221 BRICKELL AV

3. Mailing Address

1221 BRICKELL AV

Suite, Apt. #, etc.

SUITE 900

Suite, Apt. #, etc.

SUITE 900

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

33131

Country

Zip

33131

Country

6. Name and Address of Current Registered Agent

CORPORATE CREATIONS ENTERPRISES INC.
941 FOURTH ST., #200
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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 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 \$150.00
After MAY 1, 2001 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

TITLE	DPST	<input checked="" type="checkbox"/> Delete
NAME	FARKAS, MICHAEL D	
STREET ADDRESS	701 BRICKELL AVE., SUITE 3120	
CITY-ST-ZIP	MIAMI FL 33131	
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		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERG, JOSHUA	
STREET ADDRESS	2294 NOSTRAND AVENUE	
CITY-ST-ZIP	BROOKLYN, NY 11210	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALIMI, JAMEE M	
STREET ADDRESS	3314 OAK DRIVE	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90299 029 ***150.00

645485



DO NOT WRITE IN THIS SPACE

0151672

CR2E034 (10/00)