2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # G80693** 1. Entity Name WISE OWL, INC. 04-25-2000 90027 018 ***158.75 Mailing Address Principal Place of Business 13876 S.W. 56 STREET 13876 S.W. 56 STREET #124 #124 MIAMI FL 33175 MIAMI FL 33175-6021 3. Mailing Address 2. Principal Place of Business 13240 SW 98 ST 13240 Sw 985T Suite Apt #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State Florida 59-2371692 MIAM: Not Applicable MIAMI Country \$8.75 Additional 5. Certificate of Status Desired 3186 U.S. A. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PINCUS, BARRY PINCUS, BARRY Street Address (P.O. Box Number is Not Acceptable) 13876 S.W. 56 STREET 13240 SW 98 STREET #124 MIAMI FL 33175 Zin Code 86 8. The above named entity submit this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. BARRY SIGNATURE (NOTE: Registered Agent signature required when reinstating) .9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. PD ☐ Addition ☐ Delete TITLE TITLE PINCUS, BARRY 13240 SW 98 STEET PINCUS, BARRY NAME NAME STREET ADDRESS 13876 S.W. 56 STREET STREET ADDRESS MIAM' F1 33186 CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition ☐ Delete TITLE Pincus, JEFFEN 13240 SW 98ST NAME PINCUS, JEFFREY NAME STREET ADDRESS STREET ADDRESS 13876 S.W. 56 STREET mi Ami F1 33186 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 suppliemental 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 entrowered 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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00 305 886-188

Daytime Phone #

☐ Change

☐ Addition