


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

04-21-2003 90505 039 \*\*\*158.75

2003

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

DOCUMENT # <b>G80693</b>	
1. Entity Name <b>Wise Owl, Inc.</b>	

**DO NOT WRITE IN THIS SPACE**

**90099662**

2. Principal Place of Business <b>13240 SW 98 Street</b>	3. Mailing Address <b>13240 SW 98 Street</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State <b>MIAMI Florida</b>	City & State <b>MIAMI FLA</b>	4. FEI Number <b>59-2371692</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>33186</b>	Country <b>USA</b>	Zip <b>33186</b>	Country <b>U.S.A.</b>
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

<b>DO NOT WRITE IN THIS SPACE</b>	7. Name and Address of Current Registered Agent	
	Name <b>PINCUS, BARRY</b>	
	Street Address (P.O. Box Number is Not Acceptable) <b>13240 SW 98 ST</b>	
	City <b>MIAMI FL</b>	Zip Code <b>33186</b>

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD PINCUS, BARRY 13240 SW 98 ST MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V PINCUS, JEFFREY 13240 SW 98 ST MIAMI FL 33186</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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)(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 10 or on an attachment with an address, with all other like empowered.	
SIGNATURE: <b>Barry Pincus</b>	<b>4-09-03 305 886-1882</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	

CR2E034B (12/02)