

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L47167

1. Entity Name

WIKI INTERNATIONAL, INC.

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90067 003 ***150.00

00011399



DO NOT WRITE IN THIS SPACE

| | |
|--|---|
| Principal Place of Business %CEES VAN DEN BOOM 159 E. LAKE SHORE BLVD. KISSIMMEE FL 34744 | Mailing Address % ANDREW I. LEWIS, ESQ. 4000 HOLLYWOOD BLVD- #265-S HOLLYWOOD FL 33021 |
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|---|---|
| 2. Principal Place of Business Suite, Apt. #, etc. | 3. Mailing Address Suite, Apt. #, etc. |
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| | | | |
|--------------|--------------|-----------------------------|--|
| City & State | City & State | 4. FEI Number 59-3036203 | Applied For <input type="checkbox"/> Not Applicable |
| Zip | Country | Zip | Country |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent LEWIS, ANDREW I ESQ. 4000 HOLLYWOOD BLVD #265-S HOLLYWOOD FL 33021 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 _____ (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) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD BREITBARTH, CORNELIA 2244 BL WASSENAAR THE NETHERLANDS FL <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: **CORNELIA BREIT BARTH** **January 18th 2001** **0431703141555**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)