2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000008529

1. Entity Name

WIZDOM WORKS, INC.

Principal Place of Business	Mailing Address
9935 SW 196TH STREET MIAMI FL 33189	9935 SW 196TH STREET MIAMI FL 33189

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	**3.** Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	**4.** FEI Number 05-1158915 — Applied For / Not Applicable
City & State	City & State	**5.** Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
BERNARD, ANTHONY 9032 SW 152ND STREET MIAMI FL 33157	Name *Michael Alspaugh* Street Address (P.O. Box Number is Not Acceptable) *9935 SW 196 St* City *Miami* FL Zip Code *33157*

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

FILE NOW: FEE IS $61.25	**9.** Election Campaign Financing Trust Fund Contribution. ☐	**$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS	Delete	**11.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	Change	Addition
TITLE DC NAME ALSPAUGH, MICHAEL STREET ADDRESS 9935 SW 196TH STREET CITY-ST-ZIP MIAMI FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE DV NAME ALSPAUGH, HELEN STREET ADDRESS 9935 SW 196TH STREET CITY-ST-ZIP MIAMI FL 33189	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE DT NAME SOLTYS, KEN STREET ADDRESS 1429 KITTIWAKE COURT CITY-ST-ZIP HOMESTEAD FL 33035	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE DS NAME FARMER, LORETTA STREET ADDRESS 90 HILLSIDE LANE CITY-ST-ZIP ARDEN NC 28704	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE D NAME BROOKSHIRE, PAUL RUSSELL STREET ADDRESS 19031 SW 97 AVENUE CITY-ST-ZIP MIAMI FL 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition

CR2E037 (9/01)

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 617, 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: *Helen A Alspaugh* RED   4/30/02   305-251-0033

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