

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

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 050 ***150.00

DOCUMENT # P000000 41387

1. Entity Name

Wiz News, Inc.

DO NOT WRITE IN THIS SPACE

654151

2. Principal Place of Business

1348 Washington Ave.

Suite, Apt. #, etc.

#231

City & State

Miami Beach, FL

Zip

33139

Country

USA

3. Mailing Address

1348 Washington Ave.

Suite, Apt. #, etc.

#231

City & State

Miami Beach, FL

Zip

33139

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-1002006

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Sean-Jacques Feron

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

1348 Washington Ave, #231

City

Miami Beach

FL

Zip Code

33139

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)

☒

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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
NAME
D, P, T
Sean-Jacques Feron
STREET ADDRESS
1348 Washington Ave, #231
CITY-ST-ZIP
Miami Beach, FL 33139

TITLE
NAME
D, V, S
Vivian Caro
STREET ADDRESS
1348 Washington Ave, #231
CITY-ST-ZIP
Miami Beach, FL 33139

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sean-Jacques Feron

Date

Daytime Phone #

4/24/02 305-678-8771

CR2E034B (12/01)