

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
 04-24-2001 90032 017 ***150.00

DOCUMENT # P00000046399

1. Entity Name

CORPWIZ CORPORATION

Principal Place of Business

Mailing Address

8300 NW 53 rd Street
 Suite 300
 Miami, FL 33166

8300 NW 53 rd Street
 Suite 300
 Miami, FL 33166

2. Principal Place of Business

8300 NW 53 rd Street

3. Mailing Address

8300 NW 53 rd Street

Suite, Apt. #, etc.

Suite 308

Suite, Apt. #, etc.

Suite 308

City & State

Miami, FL

City & State

Miami, FL

Zip

33166

Country

USA

Zip

33166

Country

USA

4. FEI Number

59-3647943

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Wermuth, J. Michael
 8300 NW 53 rd Street, Suite 300
 Miami, FL 33166

7. Name and Address of New Registered Agent

Name
WERMUTHLAW, P.A.

Street Address (P.O. Box Number is Not Acceptable)
 8300 NW 53 rd Street, Suite 308

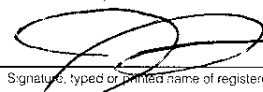
City
 Miami

FL

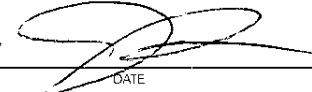
Zip Code
 33166

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

 **J. MICHAEL WERMUTH**

4/11/01



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) ☐

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. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
 NAME **Wermuth, J. Michael**
 STREET ADDRESS **8300 NW 53 rd Street, Suite 300**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P/D** ☒ Change ☐ Addition
 NAME **Wermuth, J. Michael**
 STREET ADDRESS **8300 NW 53 rd Street, Suite 308**
 CITY-ST-ZIP **Miami, FL 33166**

TITLE ☐ Change ☒ Addition
 NAME **D/S**
 STREET ADDRESS **Wermuth, Astrid**
 CITY-ST-ZIP **8300 NW 53 rd Street, Suite 308**
Miami, FL 33166

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

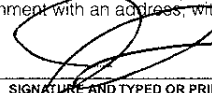
TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

 **J. MICHAEL WERMUTH, President, 04/11/01**

Date

Daytime Phone #

305-715-7157

CR2E034 (1/1/00)