

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-24-2002 91325 041 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000046399
1. Entry Name
CORPWIZ CORPORATION

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2. Principal Place of Business 8300 NW 53rd Street Suite, Apt. #, etc. Suite 308 City & State Miami, Florida Zip 33166 Country USA		3. Mailing Address 8300 NW 53rd Street Suite, Apt. #, etc. Suite 308 City & State Miami, Florida Zip 33166 Country USA	
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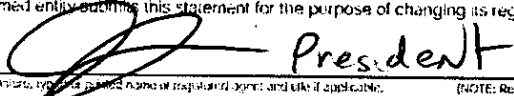
4. FEI Number 59-3647943	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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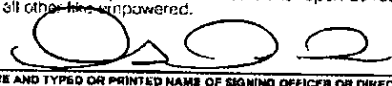
7. Name and Address of Current Registered Agent
Name: **WERMUTH LAW P.A.**
Street Address (P.O. Box Number is Not Acceptable)
8300 NW 53rd Street
Suite 308
City **Miami** **FL** Zip Code **33166**

8. The above named entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.
SIGNATURE  **President** **6/10/02**
(Signature, type or print name of registered agent and title if applicable. (NOTE: Registered Agent signature requires extra witnessing.) 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 \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V/S/D Wermuth, J. Michael 8300 NW 53rd Street, Suite 308 Miami, FL 33166	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P/D Wermuth, Astrid 8300 NW 53rd Street, Suite 308 Miami, FL 33166	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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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 on an attachment with an address, with all other officers empowered.
SIGNATURE:  **Astrid Wermuth** **4/30/02** **305-7157157**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)