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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. Entity Name
CORPWIZ CORPORATION

DO NOT WRITE IN THIS SPACE

[redacted]
93621
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
8300 NW 53rd Street	8300 NW 53rd Street
Suite, Apt. #, etc.: Suite 308	Suite, Apt. #, etc.: Suite 308
City & State: Miami, Florida	City & State: Miami, Florida
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

7. Name and Address of Current Registered Agent
Name: WERMUTHLAW 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 entity 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when not previously on file) 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	V/S/D
NAME	Wermuth, J. Michael
STREET ADDRESS	8300 NW 53rd Street, Suite 308
CITY-ST-ZIP	Miami, FL 33166
TITLE	P/D
NAME	Wermuth, Astrid
STREET ADDRESS	8300 NW 53rd Street, Suite 308
CITY-ST-ZIP	Miami, FL 33166
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CR2E034B (12/01)

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: Astrid Wermuth 4/30/02 305-7157157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #