

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

FILED
Apr 02, 2002 8:00 am
Secretary of State

04-02-2002 90111 026 ***158.75

DOCUMENT # P01000047835

1. Entity Name
WIZARD INVESTMENTS, INC.
P.O. BOX 526163
MIAMI, FL. 33152

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
65-1108809

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name
ALDANA SERGIO

Street Address (P.O. Box Number is Not Acceptable)
1238 WEST LAS OLAS BLVD

City
FT. LAUDERDALE

FL

Zip Code
33312

**DO NOT WRITE
IN THIS SPACE**

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 PD
NAME ALDANA, SERGIO
STREET ADDRESS 1238 WEST LAS OLAS BLVD
CITY-ST-ZIP FT. LAUDERDALE, FL. 33312

TITLE VD
NAME GONZALEZ, OSCAR
STREET ADDRESS 4459 FOXTAIL LANE
CITY-ST-ZIP WESTON, FL. 33331

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NAME VERGARA, LUIS
STREET ADDRESS P.O. BOX 526163
CITY-ST-ZIP MIAMI, FL. 33152

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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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SERGIO ALDANA 2/28/02 561 215 2456

CR2F034R (12/01)