

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

**FILED**  
**Mar 25, 2002 8:00 am**  
**Secretary of State**

03-25-2002 90037 015 \*\*\*150.00

DOCUMENT # P94000068353 (H94000008751 )

1. Entity Name  
WIZZ ART'S INC

code.894A00041853-09169A-P940000068353

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

18501 s.w.130 AVE

Suite, Apt. #, etc.

MIAMI FL

City & State

3. Mailing Address

P.O. BOX 971411

Suite, Apt. #, etc.

MIAMI FL

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0522326

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

Zip

Country

33177-3041

DADE

Zip

Country

33197-1411

DADE

7. Name and Address of Current Registered Agent

Name

JOHN BUBEL

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

18501 s w, 130 AVE

City

MIAMI

FL

Zip Code

33177-3041

**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

3/08/02

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 STREET ADDRESS CITY-ST-ZIP	president John bubel 18501 s.w.130 ave MIAMI FL 33177-3041	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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/08/02

CR2E034B (12/01)