

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000061268

1. Entity Name

WIZARD TECHNOLOGIES, INC

Principal Place of Business

1749 SW 81ST TERRACE
DAVIE FL 33324

Mailing Address

1749 SW 81ST TERRACE
DAVIE FL 33324

2. Principal Place of Business

3. Mailing Address

1830 SW 81 WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DAVIE, FL

Zip

Country

Zip

Country

33324

BROWARD

4. FEI Number

65-0692046

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIMMER, ELLIOT M
1749 SW 81ST TERRACE
DAVIE FL 33324

7. Name and Address of New Registered Agent

Name ELLIOT M. FRIMMER

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

1830 SW 81 WAY

City

DAVIE

FL

Zip Code

33324

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

Elliot M. Frimmer

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/12/01

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 P
NAME FRIMMER, ELLIOT
STREET ADDRESS 1749 SW 81 TERR
CITY-ST-ZIP DAVIE FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME 1830 SW 81 WAY ☒ Change ☐ Addition
STREET ADDRESS DAVIE, FL 33324
CITY-ST-ZIP ☐ Change ☐ Addition

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

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

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

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

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

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:

Elliot M. Frimmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/01

Date

954-474-1969

Daytime Phone #

0257613

CR2E034 (10/00)

FILED
Mar 14, 2001 8:00 am
Secretary of State

03-14-2001 90484 025 ***150.00



DO NOT WRITE IN THIS SPACE