

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000031205

1. Entity Name

OLDAN/WISER, INC.

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90044 025 \*\*\*150.00

Principal Place of Business

520 BRICKELL KEY DR. BH 45  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR. BH 45  
MIAMI FL 33131-2618

2. Principal Place of Business

PO BOX 128

3. Mailing Address

c/o Howard M. Amdur CPA

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.A.

11420 N Kendall Dr #202

City & State

MOUNT DORA, FL

City & State

Miami, FL 33176

4. FEI Number

59-3446027

Applied For

Not Applicable

Zip

32756

Country

LAKE

Zip

33176

Country

U S A

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DRIER, WILLIAM E  
520 BRICKELL KEY DRIVE, BH45  
MIAMI FL 33131

Name

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

City

FL

Zip Code

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) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	DRIER, WILLIAM E	
STREET ADDRESS	520 BRICKELL KEY DR. BH 45	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE	DST	<input type="checkbox"/> Delete
NAME	DRIER, MARY E	
STREET ADDRESS	520 BRICKELL KEY DR. BH 45	
CITY-ST-ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> Delete
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 files empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/00

Date

352 383 4622

Daytime Phone #

CR2E034 (9/99)