

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2000 8:00 am
Secretary of State

05-08-2000 90035 043 ***150.00

DOCUMENT # P97000108582

1. Entity Name
WISDOM ENTERPRISE INCORPORATED

Principal Place of Business 5104 N. ORANGE BLOSSOM TRAIL. STE. 204 ROSEMONT BLDG. ORLANDO FL 32810	Mailing Address 5104 N. ORANGE BLOSSOM TRAIL. STE. 204 ROSEMONT BLDG. ORLANDO FL 32810-1016
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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 **59-3484633**

Applied For

Not Applicable

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

LUGO, ARSENIO
3718 KITTY HAWK AVE *1065 Chase Drive*
ORLANDO FL 32808 *Winter Garden, Fl. 34787-2233*

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

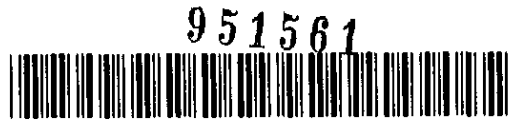
10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO LUGO, ARSENIO <i>3718 KITTY HAWK AVE 1065 Chase Dr.</i> ORLANDO FL 32808 <i>Winter Garden, Fl. 34787</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LUGO, FLOR ELISA <i>3718 KITTY HAWK AVE 1065 Chase Drive</i> ORLANDO FL 32808 <i>Winter Garden, Fl. 34787</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUGO, MOSES <i>3718 KITTY HAWK AVE 1065 Chase Drive</i> ORLANDO FL 32808 <i>Winter Garden, Fl. 34787</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUGO, JESSE A <i>3718 KITTY HAWK AVE 1065 Chase Drive</i> ORLANDO FL 32808 <i>Winter Garden, Fl. 34787</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ *03/01/00*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #



DO NOT WRITE IN THIS SPACE