

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90247 038 \*\*\*150.00

**DOCUMENT # P98000036199**

1. Entity Name

**WISAN ENTERPRISES, INC.**

Principal Place of Business

Mailing Address

~~2370 W 66 PLACE~~  
 HIALEAH FL 33016

2370 W 66 PLACE  
 HIALEAH FL 33016-3974

2. Principal Place of Business

3. Mailing Address

**20105 N.W. 62 CT.**

**SAME**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Miami GARDENS**

City & State

City & State

**FLA.**

4. FEI Number

**58-2388411**

Applied For

Not Applicable

Zip

Country

Zip

Country

**33015**

**USA**

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

~~VASQUEZ, WILLIAM A~~  
~~2370 W 66 PLACE~~  
~~HIALEAH FL 33016~~

Name

**WILLIAM A. VAZQUEZ**

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

**20105 N.W. 62 CT.**

City

**Miami GARDENS**

City

**FL**

Zip Code

**33015**

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

*[Handwritten Signature]*

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

(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	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VAZQUEZ, WILLIAM A</b>	
STREET ADDRESS	<del>2370 W 66 PLACE</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33016</del>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HENRIQUEZ, SANDRA E</b>	
STREET ADDRESS	<del>2370 W 66 PLACE</del>	
CITY-ST-ZIP	<del>HIALEAH FL 33016</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAM E. VAZQUEZ</b>	
STREET ADDRESS	<b>20105 N.W. 62 CT.</b>	
CITY-ST-ZIP	<b>Miami GARDENS, FLA-33015</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANDRA E. HENRIQUEZ</b>	
STREET ADDRESS	<b>20105 N.W. 62 CT.</b>	
CITY-ST-ZIP	<b>Miami GARDENS FLA 33015</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 like empowered.

SIGNATURE:

*[Handwritten Signature]* **WILLIAM VAZQUEZ** **305-475-1173**  
**204-79-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)