

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000091010

1. Entity Name  
TECH WIZARD INCORPORATED

**FILED**  
**Sep 13, 2000 8:00 am**  
**Secretary of State**

09-13-2000 90052 009 \*\*\*558.75

Principal Place of Business

15660 SOUTHWEST 152ND AVENUE  
MIAMI FL 33187

Mailing Address

15660 SOUTHWEST 152ND AVENUE  
MIAMI FL 33187

2. Principal Place of Business

15660 SOUTHWEST 152ND PLACE  
Suite, Apt. #, etc.

3. Mailing Address

15660 SOUTHWEST 152ND PLACE  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0876586

Applied For

Not Applicable

Zip

Country

33187

Zip

Country

33187

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

LYNCH, BEVANCE  
15660 SOUTHWEST 152ND AVENUE  
MIAMI FL 33187

7. Name and Address of New Registered Agent

Name LYNCH BEVANCE

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

15660 SOUTHWEST 152ND PLACE

City MIAMI

FL

Zip Code 33187

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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 POTO  
NAME LYNCH, BEVANCE  
STREET ADDRESS 15660 SOUTHWEST 152ND AVENUE  
CITY-ST-ZIP MIAMI FL 33187 ☐ Delete

TITLE SDVD  
NAME PEREZ-DAPLE, ALEX J  
STREET ADDRESS 3319 S.W. 141ST AVENUE  
CITY-ST-ZIP MIAMI FL 33175 ☐ Delete

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE POTO  
NAME LYNCH BEVANCE  
STREET ADDRESS 15660 SOUTHWEST 152ND PLACE  
CITY-ST-ZIP MIAMI, FL 33187 ☒ Change ☐ Addition

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

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

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

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

TITLE ☐ Change ☐ 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: *BSIGNATURE REQUIRED*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/00  
Date

(305) 257-4834  
Daytime Phone #

CR2E034 (5/00)