2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000092560 1. Entity Name N. H. WISDOM INSTITUTE, INC. Principal Place of Business Mailing Address

FILED Mar 07, 2000 8:00 am Secretary of State

03-07-2000 90044 008 ***150.00

0210 S.W. 83 AVE. Mami FL 33189			20210 S.W. 83 AVE. MIAMI FL 33189-2014					ኮ ስ በ 3	13343	}	
	lace of Business と/ Sい て TERR. #, etc.	4	3. Mailing Address 9 9 2 1 S Suite, Apt. #, etc.	ر	2 TER	RA		DO NOT WRITE	E IN THIS S	SPACE	
City & State MiAMi FL			City & State Mi Ami FL			4.	4. FEI Number 65-0872427 Applied Fo				pplied For ot Applicable
Zip Country Country O. S - A 6. Name and Address of Current R			Zip 33174	Coun	intry		5. Certificate of Status Desired			Fee Required	
	6. Name and Address of Cur	rent Reg	gistered Agent			7.	Name and	Address of New Re	gištered /	\gent	
					Name						
CASTELO, HERNAN			Street Address			dress (P.O. E	(P.O. Box Number is Not Acceptable)				
20210 S.W. 83 AVE. MIAMI FL 33189											
HIWW	11 1 2 30 100									7in Cos	
					City				<u>FL</u>	Zip Cod	Je
8. The above	named entity submits this stateme	ent for th	e purpose of changing its	register	ed office or r	egistered ag	gent, or bot	h, in the State of Flor	ida.		
SIGNATURE .	Signature, typed or printed name of registered	agent and t	ate if applicable (NOTE	: Registere	d Agent signature	required when r	einstaling)		DATÉ		
9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FE					IS \$150.00)	10. Fle	ection Campaign Fina	encina	\$5 ()0 May Be
_	equirement and elects to do so.	l '	After MAY 1, 2000 Fee will be \$550.00				st Fund Contribution	· -		d to Fees	
			Make Check Payab		epartment (0.141,050.70.055	0500 415	DIRECTOR	O (A) 44
11.	OFFICERS D	AND DIF		12.	. [) AI	DOITIONS	CHANGES TO OFFI	CERS ANL	☐ Change	Addition
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12 I bereby	certify that the information supplied on this report or supplemental re	d with thi	is filing does not qualify fo ue and accurate and that r	r the exe	motion state	ed in Section	119.07(3) e legal effe	(i), Florida Statutes. I	further ce eath; that I	rtify that the am an office	information r 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: