2000 UNIFORM BUSINESS REPORT (UBR)

Jul 25, 2000 08:00 AM DOCUMENT # P9900087004 1. Entity Name **Secretary of State** WIZE WAVES CORP. Principal Place of Business Mailing Address 1250 E. HALLANDALE BLVD. 1250 E. HALLANDALE BLVD. SUITE 502 SUITE 502 HALLANDALE HALLANDALE FL FL 33009 33009 2. Principal Place of Business 3. Mailing Address 2534 NE 206 TR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MIAMI FL. 52-2198177 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BUSINESS FILINGS INCORPORATED 1 EAST BROWARD BLVD. Street Address (P.O. Box Number is Not Acceptable) SUITE 700 FT. LAUDERDALE 33301 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. 07/25/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TILE TREA ☐ Detete X Change ☐ Addition MENASHE NAPHTALI NAME MENASHE NAPHTALI STREET ADDRESS 10/2 MEVO HAGENFEN STREET STREET ADDRESS 10/2 MEVO HAGENFEN STREET CITY-ST-ZIP TSUR HADDASS, ISRAEL CITY-ST-ZIP TSUR HADDASS, ISRAEL FL. 99875 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME MOTOLA VAKOB MOTOLA VAKOB STREET ADDRESS 15 HESS STREET STREET ACCRESS 15 HESS STREET CITY-ST-ZIF HERZELIAH, ISRAEL 46484 CITY-ST-7IP HERZELIAH, ISRAEL FT. 46484 TITLE ☐ Deiete TILE X Change ☐ Addition NAME ALFASSY YAKOB NAME ALFASSY EITAN STREET ADDRESS 2 MEVOH YORVETA ST. 13 2 MEVOH YORVETA ST. 13 STREET ADDRESS CITY-ST-ZIP JERSALEM, ISRAEL 97755 CITY-ST-ZIP JERSALEM, ISRAEL 97755 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7/8

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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.

CIONIATIEDE. ALECCUEITAN