## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **V49993** Apr 11, 2000 8:00 am Secretary of State THE AMERICAN WIZARD INC. 04-11-2000 90036 014 \*\*\*150.00 Mailing Address Principal Place of Business 9900 N.W. 25TH STREET 9300 NW 25TH STREET MIAMI FL 33186-6865 MIAMI FL 33172 US US 2. Principal Place of Business 3. Mailing Address D12 10621 N.KENDALI DR 10621 N. KENDALL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 120 120 City & State Applied For City & State 4. FEI Number 65-0345288 MIDMI Not Applicable 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 -- LUIZ-A-SAO PAULO Street Address (P.O. Box Number is Not Acceptable) 10060 SW 137 CT. **MIAMI FL 33186** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 DPT TITLE Change ☐ Addition TITLE ☐ Delete PAULO, LUIZ A SAC NAME NAME STREET ADDRESS STREET ADDRESS 10060 SW 137 CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DVS Change ☐ Addition ☐ Delete TITLE TITLE HIJJAR, SANDRA JOSEF NAME NAME STREET ADDRESS 10060 SW 137 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition ☐ Delete TITLE ' TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.