

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91719 005 ***150.00

DOCUMENT # P00000061580
 1. Entity Name
WHEEL CRAZY, INC.

Principal Place of Business Mailing Address
8601 NW 81ST ROAD **8601 NW 81ST ROAD**
SUITE 4 **SUITE 4**
MEDLEY FL 33166-2144 **MEDLEY FL 33166-2144**



2. Principal Place of Business 3. Mailing Address
12330 SW 53 ST *12330 SW 53 ST*
 Suite, Apt. #, etc. Suite, Apt. #, etc.
707 & 708 *707 & 708*
 City & State City & State
COOPER CITY FL *COOPER CITY FL*
 Zip Zip Country Country
33330 *33330* *FLORIDA* *FLORIDA*

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
BARRAL, LOUIS G JR
8601 NW 31ST RD #4
MEDLEY FL 33166

4. FEI Number **65-1020481** Applied For
 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
12330 SW 53 ST
 City State Zip Code
COOPER CITY **FL** *33330*

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 _____ (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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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

TITLE	D	<input type="checkbox"/> Delete
NAME	BARRAL, LOUIS G JR	
STREET ADDRESS	8601 NW 81ST RD #4	
CITY-ST-ZIP	MEDLEY FL 33166	
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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<i>12330 SW 53 ST</i>	
CITY-ST-ZIP	<i>COOPER CITY FL 33330</i>	
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		
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: *SAL ARZUFFO* **REQUIRE** 4/30/02 954-689-4191
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)