

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 29, 2002 8:00 am**  
**Secretary of State**

05-01-2002 91462 013 \*\*\*\*50.00

**DOCUMENT # L01000012399**

1. Entity Name

**SOUTH FLORIDA WHEELS L.C.**

Principal Place of Business

**10425 N.W. 37 TERRACE  
 MIAMI FL 33178**

Mailing Address

**10425 N.W. 37 TERRACE  
 MIAMI FL 33178**

86906

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**52-2241985**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**BAEZ, GUILLERMO  
 300 SOUTH POINT DRIVE, #1001  
 MIAMI BEACH FL 33139**

7. Name and Address of New Registered Agent

Name **BAEZ, GUILLERMO**  
 Street Address (P.O. Box Number is Not Acceptable)  
**300 SOUTH POINT DRIVE  
 #1701**  
 City **MIAMI BEACH** FL Zip Code **33139**

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

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **SALES MANAGER** ☒ Delete  
 NAME **WILFREDO VILA**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **OPERATIONS MANAGER** ☐ Delete  
 NAME **JUAN GUILLERMO BAEZ**  
 STREET ADDRESS **600 NE 36TH ST APT 1503**  
 CITY-ST-ZIP **MIAMI FL 33139-3941**

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

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Addition  
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 CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**2/22/02 (305) 513-3327**  
 Date Daytime Phone #

CR2E083 (9/01)