

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00000003123

1. Entity Name

WHEELS OF MAN, M.C., INC.

Principal Place of Business

109 S.E. 3RD COURT  
BAY 1  
DEERFIELD BEACH FL 33441

Mailing Address

109 S.E. 3RD COURT  
BAY 1  
DEERFIELD BEACH FL 33441

2. Principal Place of Business

P.O. Box 8541

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 8541

Suite, Apt. #, etc.

City & State

DEERFIELD BEACH, FL

Zip  
33443-8541

Country  
USA

City & State

DEERFIELD BEACH, FL

Zip  
33443-8541

Country  
USA

4. FEI Number

65-1026068

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BRENER, DAVID A  
3123 STATE ROAD 7  
SUITE 300-D  
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name  
CACCAGONE, JOSEPH

Street Address (P.O. Box Number is Not Acceptable)  
380 NE 44 COURT

City  
POMPAÑO BEACH

FL

Zip Code  
33064

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

*Joseph Caccavone* JOSEPH CACCAGONE, DIRECTOR

8/20/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25  
After September 12, 2001, min. will be \$236.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
GIVENS, STEVEN  
2710 N.E. 11TH AVENUE  
POMPAÑO BEACH FL 33060 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
FOSTER, JOHN  
2621 N.W. 64TH TERRACE  
MARGATE FL 33063 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CACCAGONE, JOSEPH  
380 N.E. 44TH COURT  
POMPAÑO BEACH FL 33064 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAGAR, ROBERT E  
23345 COUNTRY CLUB DR.  
WEST BOCA RATON, FL 33428 ☒ Change ☐ Addition

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

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

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

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

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

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joseph Caccavone* JOSEPH CACCAGONE, DIRECTOR 8/20/01 (954) 7826001

FILED  
Sep 05, 2001 8:00 am  
Secretary of State

09-05-2001 90007 005 \*\*\*\*70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)