

FILED
Apr 10, 2003 8:00 am
Secretary of State

04-10-2003 90114 013 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000026783

1. Entity Name

BRAND WHEELS INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3700 NW. 124TH AVE.

Suite, Apt. #, etc.
#102

City & State
CORAL SPRINGS

Zip
33065

Country
USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 65-0990341

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name FRANK FRATTALE

Street Address (P.O. Box Number is Not Acceptable)

9523 VERMOSA LANE SOUTH

City TAMARAC

FL

Zip Code
33321

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Frank Frattale* Frank Frattale

01/29/03
DATE

January 1: Min. Fee is \$150.00
After May 1: Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME DIRECTOR/ FRANK FRATTALE
STREET ADDRESS 9523 VERMOSA LANE SOUTH
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME DIRECTOR/SHIVA DASS
STREET ADDRESS 6002 PLUM ISLE WAY
CITY-ST-ZIP TAMARAC, FL 33321

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Frank Frattale* Frank Frattale

01/29/03
Date

954-227-4748
Daytime Phone #

CR2E034B (12/02)