

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90924 044 ***150.00

0288367

DOCUMENT # P00000040732

1. Entity Name

MIAMI MOTORWHEELS, INC.

Principal Place of Business

**1280 NORTH CONGRESS AVENUE #109
 WEST PALM BEACH FL 33409**

Mailing Address

**1280 NORTH CONGRESS AVENUE #109
 WEST PALM BEACH FL 33409**

2. Principal Place of Business

18975 NW 2nd Ave
 Suite, Apt. #, etc.

3. Mailing Address

3725 SE FEDERAL Hwy
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

STUART FL

4. FEI Number

95-1002280

Applied For

Not Applicable

Zip

33169

Country

DADE

Zip

334997

Country

MARTIN

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**THOMPSON, DOUGLAS E
 1280 NORTH CONGRESS AVENUE
 SUITE 109
 WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

MAIONE, Robert

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

3587 Northlake Blvd

City

LAKE PARK

FL

Zip Code

33423

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

Robert MAIONE

(Not Registered Agent signature required when reinstating)

DATE

4/18/01

9. This corporation is eligible to satisfy its intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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 **PTD** ☐ Delete
 NAME **ALBRECHT, GEORGE T**
 STREET ADDRESS **394 WASHINGTON STREET**
 CITY-ST-ZIP **WOBURN MA 01801**

TITLE **S** ☐ Delete
 NAME **MARTELL, GEORGE**
 STREET ADDRESS **394 WASHINGTON STREET**
 CITY-ST-ZIP **WOBURN MA 01801**

TITLE **V** ☐ Delete
 NAME **MAIONE, ROBERT**
 STREET ADDRESS **3587 NORTHLAKE BLVD.**
 CITY-ST-ZIP **LAKE PARK FL 33403**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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TITLE ☐ Change ☐ 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:

Robert MAIONE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01 561 288-1999
 Daytime Phone #

CR2E034 (10/00)