

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P 00000075600

1. Entity Name

WASH ON WHEELS OF MIAMI, INC.

Principal Place of Business

Mailing Address

5445 COLLINS AVENUE  
# 705

5445 COLLINS AVENUE  
# 705

MIAMI BEACH, FLORIDA 33140

MIAMI BEACH, FL 33140

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

65-1050273

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DOYLE, ALLAN

175 FONTAINEBLEAU BLVD.

SUITE 14B

MIAMI, FL 33172

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT**  
**ALAMEDA, ALEJANDRO**  
**5445 COLLINS AVENUE**  
**MIAMI BEACH, FL 33140**

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**600004724136-3**  
**-12/13/01--01019--005**  
**\*\*\*\*158.75 \*\*\*\*158.75**

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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: Alejandro Alameda **ALEJANDRO ALAMEDA** 11-29-01 (305) 496-0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034-(11/00)



October 26, 2001

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Wash On Wheels Of Miami, Inc.  
#P00000075600

Dear Sir or Madam:

I just received your notice of Dissolution of the above referenced corporation. The purpose of this letter is to inform you that I never received the renewal notice. I would like to please ask for the opportunity to still pay the amount that was due I suppose back in August. The original renewal notice must be lost in the mail, because having received it, I would have sent it back signed and with the fee on a timely basis.

This is a small business and I need to have my corporation active, but at the same time, payment of the reinstatement fee would create a financial hardship on the company.

Thanking you in advance for your prompt attention to this matter.

Sincerely,

A handwritten signature in cursive script, appearing to read "Alejandro Alameda".

Alejandro Alameda  
President