

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000091168

FILED  
Apr 30, 2003  
Secretary of State

Entity Name: ELECTRIC WHEELS, INC.

## Current Principal Place of Business:

5915 PONCE DE LEON BLVD STE 12  
CORAL GABLES, FL 33146

## New Principal Place of Business:

5915 PONCE DE LEON BLVD  
SUITE 12  
CORAL GABLES, FL 33146

## Current Mailing Address:

5915 PONCE DE LEON BLVD STE 12  
CORAL GABLES, FL 33146

## New Mailing Address:

5915 PONCE DE LEON BLVD  
SUITE 12  
CORAL GABLES, FL 33146

FEI Number: 65-1140311

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MILLER, ROBERT M  
5915 PONCE DE LEON BLVD STE 12  
CORAL GABLES, FL 33146

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MILLER, ROBERT M  
Address: 5915 PONCE DE LEON BLVD STE 12  
City-St-Zip: CORAL GABLES, FL 33146

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT M. MILLER

PD

04/30/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date