

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED**  
**Jan 22, 2002 8:00 am**  
**Secretary of State**

01-22-2002 90008 004 \*\*\*150.00

**DOCUMENT # P01000102939****1. Entity Name**  
**ICE WHEEL CARRIER, INC.****Principal Place of Business**  
**13230 S.W. 85TH TERRACE**  
**MIAMI FL 33183****Mailing Address**  
**13230 S.W. 85TH TERRACE**  
**MIAMI FL 33183****2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number**

65-1146880

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****CONCEPCION, ARACELI**  
**13230 S.W. 85TH TERRACE**  
**MIAMI FL 33183****7. Name and Address of New Registered Agent**

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, 2002 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** **PD** ☐ Delete  
**NAME** **CONCEPCION, ARACELI**  
**STREET ADDRESS** **13230 S.W. 85TH TERRACE**  
**CITY-ST-ZIP** **MIAMI FL 33183****TITLE** **SD** ☐ Delete  
**NAME** **SILVA, MARCOS A**  
**STREET ADDRESS** **2980 N.W. 79TH LOT B 224#22**  
**CITY-ST-ZIP** **MIAMI FL 33147****TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete**TITLE** ☐ Delete  
**NAME** ☐ Delete  
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**CITY-ST-ZIP** ☐ Delete**TITLE** ☐ Delete  
**NAME** ☐ Delete  
**STREET ADDRESS** ☐ Delete  
**CITY-ST-ZIP** ☐ Delete**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition**TITLE** ☐ Change ☐ Addition  
**NAME** ☐ Change ☐ Addition  
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**NAME** ☐ Change ☐ Addition  
**STREET ADDRESS** ☐ Change ☐ Addition  
**CITY-ST-ZIP** ☐ Change ☐ Addition**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:****SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

Date

Daytime Phone #

CP2E034 (9/01)