

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2001 8:00 am**  
**Secretary of State**  
 04-14-2001 90033 019 \*\*\*150.00

**DOCUMENT # P93000062642**

1. Entity Name  
**WHEELER INDUSTRIES, INC.**

Principal Place of Business  
**6200 SW 73RD STREET**  
**MIAMI FL 33143**  
**US**

Mailing Address  
**19721 S.W. 87 PL**  
**MIAMI FL 33157**  
**US**

2. Principal Place of Business

3. Mailing Address

**18723 SW 92 AV**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**MIAMI FL**

4. FEI Number **65-0433456**

Applied For  
 Not Applicable

Zip

Country

Zip

Country

**33157**

**USA**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BARBAKOFF, MARC L**  
**2450 NE MIAMI GARDENS DR**  
**MIAMI FL 33180**

Name **George Wheeler**  
 Street Address (P.O. Box Number is Not Acceptable)  
**18723 SW 92 AV**  
 City **MIAMI FL** Zip Code **33157**

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 **4/9/01**

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PTD WHEELER, GEORGE A**  
 STREET ADDRESS **19721 S.W. 87 PL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **18723 SW 92 AV**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME **SD WHEELER, ELIZABETH M**  
 STREET ADDRESS **19721 S.W. 87 PL**  
 CITY-ST-ZIP **MIAMI FL**

TITLE ☒ Change ☐ Addition  
 NAME **18723 SW 92 AV**  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
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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 title empowered.

SIGNATURE:   
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PRESIDENT**  
**GEORGE WHEELER** **4/9/01** **305 7240584**  
 Date Daytime Phone #

CR2E034 (10/00)