

1996

ANNUAL  
REPORTFLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # P95000072900

## 1. Corporation Name

WHEEL UNIVERSE INC

## Mailing Address

## Principal Place of Business

3399 N.W. 72 AVE  
SUITE 129  
MIAMI FLA 33122SUITE 129  
MIAMI FLA 33122

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

## 2. New Mailing Address, If Applicable

3399 NW 72 AVE  
SUITE 129  
MIAMI FLA

## 3. New Principal Office Address, If Applicable

3399 N.W. 72 AVE  
SUITE 129  
MIAMI FLA

## City &amp; State

MIAMI FLA

## City &amp; State

MIAMI FLA

## Zip

33122

## Country

US

## Zip

33122

## Country

US

4. Date Incorporated or Qualified  
To Do Business in Florida

9/21/95

## 5. FEI Number

65-0610900

## Applied For

Not Applicable

CERTIFICATE OF STATUS DESIRED ☐\$8.75 Additional Fee required  
for a Certificate of Status

## 7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

1 Title(s)	2 Name of Officers and/or Directors	3 Street Address of Each Officer and/or Director (Do NOT Use Post Office Box Numbers)	4 City / State / Zip
P/O	MARIA GAMBORA	6012 N.W. 170 LANE	MIAMI FLA 33015
VP/O	JOSE ALON	341 N.W. 151 AVE	MIAMI BEACH FLA 33029
S/O	MARIA PERAZA	3690 S.W. 138 <sup>TH</sup> AVE	MIAMI FLA 33115

100001856491  
-06/10/96--01010--031  
\*\*\*225.00

## 8. Name and Address of Current Registered Agent

## 9. Name and Address of New Registered Agent

## Name

MARIA GAMBORA

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

3399 N.W. 72 AVE

## Suite, Apt. #, Etc.

SUITE 129

## City

MIAMI

## State

FL

## Zip Code

33122

## 10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Signature of  
Registered Agent

REGISTERED AGENT MUST SIGN

Date

5/28/96

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)12. Does this corporation pay any intangible tax to the  
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☒ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/28/96 305-513-5550