

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 05, 2001 8:00 am
Secretary of State

04-05-2001 90035 037 ***150.00

DOCUMENT # P95000072900

1. Entity Name
WHEEL UNIVERSE, INC.

| | |
|--|--|
| Principal Place of Business 3399 NW 72ND AVENUE SUITE 129 MIAMI FL 33122 | Mailing Address 3399 NW 72ND AVENUE SUITE 129 MIAMI FL 33122 |
|--|--|



DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 7500 N.W 70 St | 3. Mailing Address 7500 N.W 70 St |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

| | | | |
|--------------------------------------|-----------------------------------|------------------------------------|--|
| City & State Miami - FL 33 | City & State Miami - FL | 4. FEI Number 65-0610900 | Applied For <input type="checkbox"/> Not Applicable |
|--------------------------------------|-----------------------------------|------------------------------------|--|

| | | | | |
|---------------------|-------------------------|---------------------|-------------------------|--|
| Zip 33166 | Country U.S.A | Zip 33166 | Country U.S.A | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
|---------------------|-------------------------|---------------------|-------------------------|--|

6. Name and Address of Current Registered Agent

FRAGA, MARIA
3690 SW 139TH AVE
MIAMI FL 33175

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PVD FRAGA, MARIA 3690 SW 139TH AVE. MIAMI FL 33175 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | SD FRAGA, MARIA 3690 SW 139TH AVENUE MIAMI FL 33175 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Delete |

| 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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: *Maria Fraga* **MARIA Fraga** 1-26-01 305-883-9344
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)