

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90030 013 ***150.00

DOCUMENT # P96000023439

1. Entity Name
GATORWHEEL, INC.

R

Principal Place of Business
**1550 NE WALDO RD
 GAINESVILLE FL 32641
 US**

Mailing Address
**1550 NE WALDO RD
 GAINESVILLE FL 32641
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
5208 SW 91st DR.
 Suite, Apt. #, etc.

City & State
GAINESVILLE, FL

Zip
32608

Country
US

4. FEI Number **59-3375196** 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

7. Name and Address of New Registered Agent

**KAYE, ALLAN H ESQUIRE
 7225 N.W. 13TH ST.
 GAINESVILLE FL 32653**

Name **KAYE, ALLAN H ESQUIRE**
 Street Address (P.O. Box Number is Not Acceptable)
5208 SW 91st DR.
 City **GAINESVILLE** **FL** Zip Code **32608**

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)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 NAME STREET ADDRESS CITY-ST-ZIP	P GHAHDARIJANI, IRAJ 1930 NW 40TH PL. GAINESVILLE FL 32605	<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. IRAJ GHAHDARIJANI 4813 NW 71st PL. GAINESVILLE FL 32606	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Ardalan Heshmat 4431 NW 34th DR. GAINESVILLE, FL 32605	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<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: *[Signature]* **IRAJ GHAHDARIJANI** 7-17-00 (352) 376-7788
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)

To Whom it may Concern!

B010414

Never received first notice
There is a mistake on the
renewal form, the address
for the Registered Agent is incorrect.

I received the second form
which said I was late in
my renewal

I am enclosing \$150.00 for
renewal due to the inadvertent
late renewal.

MAJ RUAHONG, Sr.

7-24-00

MAJ-H