

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90138 018 ***150.00

0267438 AV

DOCUMENT # P96000066478

1. Entity Name

CHARLIE WHEELER TRUCKING CO.

Principal Place of Business

~~13140 N.W. 21ST AVENUE
 MIAMI FL 33167~~

Mailing Address

~~13140 N.W. 21ST AVENUE
 MIAMI FL 33167~~

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

3130 NW 62 ST

Suite, Apt. #, etc.

3130 NW 62 ST

City & State

MIAMI FL

City & State

MIAMI

Zip

33147

Country

DADE

Zip

33147

Country

DADE

DO NOT WRITE IN THIS SPACE



4. FEI Number

65-0689623

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**WHEELER, CHARLIE
 13140 N.W. 21ST AVENUE
 MIAMI FL 33167**

7. Name and Address of New Registered Agent

Name

WHEELER CHARLIE

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

16240 NW 39 CT

City

MIAMI

FL

Zip Code

33054

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	PTDS	<input type="checkbox"/> Delete
NAME	WHEELER, CHARLIE	
STREET ADDRESS	13140 N.W. 21ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	PTDS	<input type="checkbox"/> Delete
NAME	WHEELER CHARLIE	
STREET ADDRESS	16240 NW 39 CT	
CITY-ST-ZIP	MIAMI FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: *Charlie Wheeler Jr*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-4-02 3056377119

Date

Daytime Phone #

CR2E034 (9/01)