

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000091954

1. Entity Name
HUBCAPS & WHEELS OF SOUTH FLORIDA, INC.

Principal Place of Business

4161 N SR 7
HOLLYWOOD FL 33021
US

Mailing Address

4161 N STATE RD 7
HOLLYWOOD FL 33021
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

4. FEI Number

65-0699953

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SULLIVAN, MICHAEL A
11061 NW 16TH ST
PEMBROKE PINES FL 33026

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

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 VP
NAME VANTASSEL, CHARLES A
STREET ADDRESS 9741 SW 124TH CT
CITY-ST-ZIP MIAMI FL 33186

Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P
NAME SULLIVAN, MICHAEL A
STREET ADDRESS 11061 NW 16TH ST
CITY-ST-ZIP PEMBROKE PINES FL 33026

Delete

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

Delete

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 like empowered.

SIGNATURE:

Michael A. Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02 9548941800

Date

Daytime Phone #

CR2E034 (9/01)