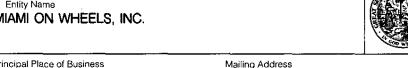
2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

P98000059220 **DOCUMENT #**

1. Entity Name





FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 91351 045 ***150.00

MIAMI ON WHEELS, INC.										
Principal Plac 541 NW 79Th MIAMI FL 331		541 NW	Mailing Address 541 NW 79TH STREET MIAMI FL 33150							
2. Principal Place of Business			3. Mailing Address							
Suite, Apt,	#, etc.	Suite,	Suite, Apt. #, etc.				CHECK HERE I	MAKING C	HANGES	
City & Stat	te	City &	City & State			4 . F	El Number 65-0970802			pplied For of Applicable
Zip	Country	Zip		itry	5. Certificate of Status Desired \$8.75 Additional Fee Required			litional d		
	6. Name and Address of Curren	Registered	Agent		7. Name and Address of New Registered Agent					
			***		Name					ļ
	79TH STREET			Street Address ((P.O. Bo	ox Number is Not Acceptable)				
MIAMI FL	. 33150				City			FL	Zip Code	e
	e named entity submits this statement f tions of registered agent. Signature, typed or printed name of registered agen				ed office or register			da. I am fan	niliar with,	and accept
F	ILE NOWILLEEE IS \$150.00									
[*] After	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		<u></u>				—- 9:- Election Campaign Fina Trust Fund Contribution.			O May Be
10. 😘	OFFICERS AND	DIRECTORS	3	11.		ADI	DITIONS/CHANGES TO OFFIC	ERS AND D	IRECTORS	3 IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LAZARO 541 NW 79TH STREET MIAMI FL 33150		☐ Delete	TITLE NAMI STRE] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		i i				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	,	□ Delete] Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	TITLE NAME STREE		40.] Change	Addition

12. 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 repolars required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an addless, with all other like empowered.

SIGNATURE: