

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2000 8:00 am
Secretary of State

04-28-2000 90067 050 ***150.00

DOCUMENT # P98000065328

1. Entity Name
L.A. ON WHEELS, CORP.

B0078001



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2808 SW 18TH STREET
MIAMI FL 33145

Mailing Address
~~2808 SW 18TH STREET~~
~~MIAMI FL 33145-1914~~
2520 SW 22nd St Suite 2259
Miami FL 33145

2. Principal Place of Business
6893 NW 7th Ave

3. Mailing Address
2808 SW 18th

Suite, Apt. #, etc.

City & State
Miami FL

City & State
Miami FL

Zip
33150

Country
Dade

Zip
33145

Country
Dade

4. FEI Number
65-0850806

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
RODRIGUEZ, ALDO
6893 NW 7TH AVE.
MIAMI FL 33150

7. Name and Address of New Registered Agent
 Name
LOURDES RODRIGUEZ
 Street Address (P.O. Box Number is Not Acceptable)
68-93 NW 7th Ave
 City
Miami FL Zip Code
33151

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 \$150.00
After MAY 1, 2000 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 | NAME | STREET ADDRESS | CITY-ST-ZIP | Delete |
|-------|--------------------|---------------------|----------------|-------------------------------------|
| D | RODRIGUEZ, ALDO | 6893 NW 7TH AVE. | MIAMI FL 33150 | <input checked="" type="checkbox"/> |
| VD | RODRIGUEZ, LOURDES | 2808 SW 18TH STREET | MIAMI FL 33145 | <input type="checkbox"/> |
| P | RODRIGUEZ, MANUEL | 2808 SW 18TH STREET | MIAMI FL 33145 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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: **REQUIRED** DATE: **4/28/2000** DAYTIME PHONE #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)