

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071162

1. Entity Name
EXTREME WHEELS, INC.

FILED
Apr 02, 2001 8:00 am
Secretary of State

04-02-2001 90298 035 ***150.00

Principal Place of Business

**3238 PIERCE STREET
HOLLYWOOD FL 33021**

Mailing Address

**644 SOUTHEAST 4TH AVENUE
FT LAUDERDALE FL 33301-3102**

2. Principal Place of Business

1831 SW 116 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

1831 SW 116 AVENUE

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

DAVIE FLORIDA

Zip

33325

Country

U.S.A.

City & State

DAVIE FLORIDA

Zip

33325

Country

U.S.A.

4. FEI Number

65-0975594

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**HODGES, PERRY W JR.
644 SOUTHEAST 4TH AVENUE
FT LAUDERDALE FL 33301-3102**

7. Name and Address of New Registered Agent

Name **JOSEPH TERMAN**
Street Address (P.O. Box Number is Not Acceptable)

1831 S.W. 116 AVENUE

City **DAVIE**

FL

Zip Code **33325**

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, 2001 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 **PST** ☒ Delete
NAME **ARDO, ALAN J**
STREET ADDRESS **3238 PIERCE ST**
CITY-ST-ZIP **HOLLYWOOD FL 33021-6134**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PV** ☐ Change ☒ Addition
NAME **JOSEPH TERMAN**
STREET ADDRESS **1831 SW 116 AVE**
CITY-ST-ZIP **DAVIE FLORIDA 33325**

TITLE **ST** ☐ Change ☒ Addition
NAME **PATRICIA TERMAN**
STREET ADDRESS **1831 SW 116 AVENUE**
CITY-ST-ZIP **DAVIE FLORIDA 33325**

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

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

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

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 reports 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:

JOSEPH TERMAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-01

Date

(954) 585-0204

Daytime Phone #

0603430

CR2E034 (10/00)