FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071162 1. Entity Name





FILED Apr 07, 2003 8:00 am Secretary of State 04-07-2003 90136 036 ***150.00

EXTRE	ME WHEELS, INC.	· V						
	DØ NOT WRITE	IN THIS	SPAC)E		90073	3215	
	Mace of Business S.W. 116 Avenue	3. Mailing Addres	ss .W. 116	Avenue				
Suite, Apt.		Suite, Apt. #, e		nvenue	\neg	DO NOT WE	RITE IN THIS SI	PACE
City & Stat		City & State Davie	FL		4. FEI	Number 65-0975	5594	Applied For Not Applicable
Zip 33325	Country U.S.A.	Zip 33325	Cour. U.	S.A.	5. Cer	tificate of Status Desired		8.75 Additional ee Required
		· 中,为他们 高级 50 0 3 1 年 5 日 中,西城市公司		Name (III)		and Address of Currer		
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				City DA	VIE		FL	Zin Code 333325
	named entity submits this statement for	the purpose of char	nging its registere			, or both, in the State of F	lorida. I am fan	.
the obligat	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent an	d title if applicable.	(NOTE: Registere	d Agent signature req	guired when reinsta	ating)	DATE	
Jar	idary 1 - May 1 Fee is \$150.00						noneina.	# E 00
10 m 10 m 10 m	After May 1, Fee is \$550.00 Amended UBR is \$61.25					Election Campaign Fi Trust Fund Contribution	~ —	\$5.00 May Be Added to Fees
Make Check	Payable to Florida Department of S	and the state of t			100 To 10			
TITLE :	PV		TITLE		444			· · · · · · · · · · · · · · · · · · ·
NAME	TERMAN, JOSEPH		NAMI	T		The Control of the Co	A Section of the sect	A SECTION OF THE SECT
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CITY-ST-ZIP	·		WHAT WAS IN	ST-ZIP	The State of the S	The state of the s	Balance for the first of the	er i de la companya d
12. Thereby o	ertify that the information supplied witball	als filinai dosé not ai	ualify for the eyer	motion stated in	n Section 119	07(3Vi) Florida Statutes	I further certify	that the information

Indicated on this report or supplemental report of the exemption stated in Section 119.0/(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report of the corporation or the receiver or fustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR