

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 12, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P99000102646**1. Entity Name  
**WILD THING MOTOR CARS, INC.**

|                             |                           |
|-----------------------------|---------------------------|
| Principal Place of Business | Mailing Address           |
| 3140 S OCEAN DR, APT 205    | 3140 S OCEAN DR, APT 205  |
| HALLENDALE BEACH FL 33009   | HALLENDALE BEACH FL 33009 |

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**65-0968760**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****MANNO EILEEN**  
**15177 NE 21ST AVE****N MIAMI BEACH**  
**33162****US****FL****7. Name and Address of New Registered Agent**

Name

**CABALLERO JUAN C**Street Address (P.O. Box Number is Not Acceptable)  
**3140 SOUTH OCEAN DRIVE, APT 205**City  
**HALLANDALE****FL**Zip Code  
**33009**

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 **JUAN C. CABALLERO****01/12/2001**

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          | <b>D</b>                     | <input type="checkbox"/> Delete |
| NAME           | <b>MANNO EILEEN M</b>        |                                 |
| STREET ADDRESS | <b>ONE HARBOUR WAY, #105</b> |                                 |
| CITY-ST-ZIP    | <b>BAL HARBOUR FL 33154</b>  |                                 |

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>CABALLERO JUAN C</b>          |                                 |
| STREET ADDRESS | <b>3140 S OCEAN DR, APT 205</b>  |                                 |
| CITY-ST-ZIP    | <b>HALLENDALE BEACH FL 33009</b> |                                 |

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

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

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

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

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

|                |                                        |                                                                              |
|----------------|----------------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>T/S</b>                             | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CABALLERO EILEEN M</b>              |                                                                              |
| STREET ADDRESS | <b>3140 SOUTH OCEAN DRIVE, APT 205</b> |                                                                              |
| CITY-ST-ZIP    | <b>HALLANDALE FL 33009</b>             |                                                                              |

|                |                                  |                                                                              |
|----------------|----------------------------------|------------------------------------------------------------------------------|
| TITLE          | <b>P/V</b>                       | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | <b>CABALLERO JUAN C</b>          |                                                                              |
| STREET ADDRESS | <b>3140 S OCEAN DR, APT 205</b>  |                                                                              |
| CITY-ST-ZIP    | <b>HALLENDALE BEACH FL 33009</b> |                                                                              |

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

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

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

|                |  |                                                                   |
|----------------|--|-------------------------------------------------------------------|
| TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> 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: **JUAN C. CABALLERO**

P/V

01/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)