2002 UNIFORM BUSINESS REPORT (UBR)

May 23, 2002 8:00 am Secretary of State DOCUMENT # V47774 1. Entity Name 05-23-2002 90003 029 ***150.00 DANDY WHEELS, INC. Principal Place of Business Mailing Address 8360 W. OAKLAND PARK BLVD 1122 S. SR 7 SUITE 210 **SUITE 210** SUNRISE FL 33351 NORTH LAUDERDALE FL 33068 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0346291 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MREJEN, ARIE (P.A) Street Address (P.O. Box Number is Not Acceptable) 701 W CYPRESS CREEK RD SUITE:302 Zin Code FT LAUDERDALE, FL 33309: City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)Change Addition ☐ Delete TITLE TITLE NAME KADOCH, DAVID NAME CR2E034 STREET ADDRESS STREET ADDRESS 1250 NW FLAMINGO.RD. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME ZOUR, ISRAEL =12700 N. BISCAYNE BLVD, #202 STREET ADDRESS STREET ADDRESS NORTH MIAMI FL CITY-ST-ZIP-CITY-ST-7IP Change ☐ Addition TITLE Delete TITLE NAME NAME --HEATLRY, MENDY STREET ADDRESS STREET ADDRESS 4402 NW 50TH AVENUE CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Addition Change TITLE □ Delete TITLE VD NAME MENDIOLA, JOSE NAME STREET ADDRESS STREET ADDRESS 1431 SW 82 AVE CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME YEHUDA, BEN HORIN STREET ADDRESS 21321 NE 19TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 ☐ Change ☐ Addition ☐ Delete TITLE TITI F NAME BARRE, SCOTT NAME STREET ADDRESS STREET ADDRESS **4032 STAGHORN LANE** CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331

13. I hereby certify that the information supplied with this filling 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. DIRECTOR

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED