

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 350100

1. Entity Name

POMPANO O.K. TIRES, INC.

**FILED**  
**Apr 04, 2001 8:00 am**  
**Secretary of State**

04-04-2001 90023 039 \*\*\*150.00

C0041562



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3381 N DIXIE HWY POMPANO BEACH FL 33064 US	Mailing Address 3381 N DIXIE HWY POMPANO BEACH FL 33064 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	59-1269271	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
MIRANDA, LOUIS E 3560 NE 28TH AVE LIGHTHOUSE POINT FL 33064

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 \_\_\_\_\_ (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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MIRANDA, LOUIS E
STREET ADDRESS	3560 NE 28TH AVE
CITY-ST-ZIP	LIGHTHOUSE PT FL 33064
TITLE	V
NAME	MIRANDA, JEFFREY L
STREET ADDRESS	2751 NE 52ND CT.
CITY-ST-ZIP	LIGHTHOUSE PT. FL
TITLE	ST
NAME	PETERS, ANGELA M.
STREET ADDRESS	2862 NE 36TH ST
CITY-ST-ZIP	LIGHTHOUSE POINT FL
TITLE	D
NAME	GREGORY, MIRANDA
STREET ADDRESS	1416 SE 8TH ST
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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: Louis E. Miranda 3/5/01 954-781-8220  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Louis E. Miranda

CR2E034 (10/00)

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