

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90046 032 \*\*\*\*55.00

**DOCUMENT # L02000017448**



1. Entity Name  
**TIREMANIA, LLC**

Principal Place of Business  
**5524 SOUTH FLAMINGO ROAD  
COOPER CITY FL 33330**

Mailing Address  
**5524 SOUTH FLAMINGO ROAD  
COOPER CITY FL 33330**

**20019369**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>41-2053122</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$5.00</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
<b>RUTHERFORD, MULHALL &amp; WARGO, P.A. 2600 N. MILITARY TRAIL, 4TH FLOOR BOCA RATON FL 33431</b>				Name							
				Street Address (P.O. Box Number is Not Acceptable)							
				City				<b>FL</b>		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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<b>MGRM HARC ASHTON 825 PARKSIDE CIRCLE NORTH BOCA RATON, FL. 33486.</b>	
		<b>AGNES CASTERA - MGRM 10378 NW 46TH TERR. MIAMI, FL. 33178</b>	
		<b>ALAIN NADAL - MGRM 10348 NW 46TH STREET MIAMI, FL. 33178</b>	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** *Agnes Castera* **SIGNATURE REQUIRED** **AGNES CASTERA** **JAN. 27, 2003** **(954) 680-6000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)