


**FILED**  
**Jul 07, 2003 8:00 am**  
**Secretary of State**

05-05-2003 91899 037 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P02000044854**

1. Entity Name  
**COUNTRY TIRES & WHEELS, INC.**



Principal Place of Business  
 5526 N.W. 79 AVENUE  
 MIAMI, FL 33166

Mailing Address  
 5526 N.W. 79 AVENUE  
 MIAMI, FL 33166

44005412

2. Principal Place of Business  
 5315 NW 99th Ave  
 Suite, Apt. #, etc.

3. Mailing Address  
 5315 NW 99th Ave  
 Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State  
 Miami, FL

City & State  
 Miami, FL

Zip  
 33166

Country  
 USA

Zip  
 33166

Country  
 USA

4. FEI Number  
 043652249

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

ANZOLA, CARLA  
 6626 N.W. 79 AVENUE  
 MIAMI, FL 33166

7. Name and Address of New Registered Agent

Name: Anzola, Carla  
 Street Address (P.O. Box Number is Not Acceptable)  
 5315 NW 99th Ave  
 City: Miami FL Zip Code 33166

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:  DATE: 4/20/03

Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent's signature required when withdrawing)

FILED MONTHLY FEES \$160.00  
 APRIL MAY 2003 FEE WILL BE \$150.00  
 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | PSD<br>ANZOLA, CARLA<br>6626 N.W. 79 AVENUE<br>MIAMI, FL 33166    | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | VTD<br>ONORATO, YOLIMAR<br>6626 N.W. 79 AVENUE<br>MIAMI, FL 33166 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |                                     |  |
|--|-------------------------------------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5315 NW 99th Ave<br>Miami FL 33166  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5315 NW 99th Ave<br>Miami, FL 33166 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |                                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  DATE: 4/30/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR