## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V49349**

1. Corporation Name

B & T TIRE'S REPAIR, INC.

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Principal Place of Business		Mailing Address	Mailing Address			1 (00)( 0()11() 015(0 (0100 ())() 010(0)	1811 Atêti êlêli êlêl			
5625 N.W. 2ND AVENUE MIAMI FL 33150		5625 N.W. 2ND AV	5625 N.W. 2ND AVENUE Miami Fl 33150							
		MIAMI FL 33150				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed	IN THIS SPAC		<u> </u>	l
						07/09/1992				1
2. Principal P	lace of Business	2a. Mailing Addre				4. FEI Number		App	lied For	ı
21		<u> </u>	26			65-0345394	-	Not	Applicable	ı
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.				\$8	.75 A	dditional	
22		27	27			5. Certificate of Status Desired	5. Certificate of Status Desired Fee Required			
City & State		City & State	City & State			6. Election Campaign Financing	<b>\$</b>	5.00 N	/lay Be	ı
23		28				Trust Fund Contribution	<u> </u>	dded to	Fees	, ·
Zip	Country	Zip		Country		8. This corporation owes the current			١	
24	25	29	30	<u>L</u>		Personal Property Tax.	X Ye	s l	□No	l
	9. Name and Address of Curre	nt Registered Agent		81	Name	10. Name and Address of New Reg	istered Agent			i
TAN	IS, BERNARD				Name				. <u> </u>	l
5625 N.W. 2ND AVENUE				82	Street A	dress (P.O. Box Number is Not Acceptable)				
	WI FL 33150			83		W. <del>■</del> 7 ₹	<u>-</u> -			l
*****				. 5	•					l
		•		84	City		FL 85	Zip C	ode	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes,				the above	e-named c	orporation submits this statement for the pu	roose of chang	ing its r	egistered	l
office or r	egistered agent, or both, in the State	of Florida. Such chanc	e was autho	orized by	the corpor	ration's board of directors. I hereby accept the	ne appointment	as reg	istered	1
		ations of Costion CO7 N	EOE Elecido	Statutoe						,
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0	505, Florida	Statutes.						İ
agent. I a	rn familiar with, and accept the obligation of t	ations of, Section 607.0	505, Florida	Statutes.		quired when reinstating)	DATE		\	
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.0	505, Florida	Statutes.				ECTOR		1/08)
agent. I a	Signature, typed or printed name of registered age	ations of, Section 607.0	505, Florida (NOTE: Regi	Statutes.		quired when reinstating)	ERS AND DIR	ECTOF	RS IN 12	(11/98)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age	ent and title if applicable.  ND DIRECTORS	505, Florida (NOTE: Regi	Statutes.		quired when reinstating)	ERS AND DIR			134 (11/98)
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age OFFICERS AI D TANIS, BERNARD	ent and title if applicable.  ND DIRECTORS	505, Florida (NOTE: Regi	istered Agen  13. 1.1 TITLE	it signature rec	quired when reinstating)	ERS AND DIR			DE034 (11/98)
agent. I a SIGNATURE  12.  TITLE NAME	Signature, typed or printed name of registered age OFFICERS AI D TANIS, BERNARD	ent and title if applicable.  ND DIRECTORS	505, Florida (NOTE: Regi	istered Agen  13.  1.1 TITLE  1.2 NAME	t signature rec	quired when reinstating)	ERS AND DIR	nange ,	☐ Addition	B2E034 (11/08)
agent. I a SIGNATURE  12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered age OFFICERS AI D TANIS, BERNARD 6702 NW 2ND COURT	ent and title if applicable.  ND DIRECTORS	505, Florida (NOTE: Regi	istered Agen  13.  1.1 TITLE  1.2 NAME  1.3 STREET	t signature rec	quired when reinstating)	ERS AND DIR			CR2E034 (11/98)
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14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90223 049 \*\*\*150.00