

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

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90049 045 ***150.00

DOCUMENT # P02000128724

1. Entity Name

TIRE SYSTEMS U.S.A., INC
9000 NW 97 Terrace Bay- 1
Medley, FL 33178



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9000 NW 97 Terrace

3. Mailing Address

9000 NW 97 Terrace

Suite, Apt. #, etc.

Bay # 1

Suite, Apt. #, etc.

Bay # 1

City & State

Medley, Florida

City & State

Medley, Florida

Zip

33178

Country

U.S.A

Zip

33178

Country

U.S.A

4. FEI Number

13-4225453

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

54028906

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Jorge R Chirinos

Street Address (P.O. Box Number is Not Acceptable)

7346 West 34 Court

City

Hialeah,

FL

Zip Code
33018

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 NAME STREET ADDRESS CITY-ST-ZIP	President Banny Navarro 7346 West 34 CT Hialeah, FL 33018	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Jorge R. Chirinos

Jorge R. Chirinos

(305) 885-4499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)