

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

DOCUMENT # P02000009458

1. Entity Name
MEBCO TIRE & SERVICES, INC.



04-28-2003 91672 001 ***150.00
04-28-2003 91672 002 *****8.75

Principal Place of Business
10541 SW 40TH STREET
MIAMI FL 33165

Mailing Address
10541 SW 40TH STREET
MIAMI FL 33165



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

✓ 68-0488458

Applied For

Not Applicable

5. Certificate of Status Desired

✓

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

ESTRADA, MANUEL D
10541 SW 40TH STREET
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name Victor CASTRO

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

4564 NW 114th Ave #1407

City Miami

FL

Zip Code 33178

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
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 P
NAME ESTRADA, MANUEL D
STREET ADDRESS 10541 SW 40TH STREET
CITY-ST-ZIP MIAMI FL 33165 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. (P) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Victor CASTRO
NAME 4564 NW 114th Ave #1407
STREET ADDRESS MIAMI, FL. 33178
CITY-ST-ZIP (VP) ☐ Change ☒ Addition

TITLE ENA J. Jimenez
NAME 11340 SW 41st Terr
STREET ADDRESS MIAMI, FL. 33165
CITY-ST-ZIP (VP) ☐ Change ☒ Addition

TITLE Domingo A. Jimenez
NAME 11340 SW 41st Terr.
STREET ADDRESS MIAMI, FL. 33165
CITY-ST-ZIP ☐ Change ☒ Addition

TITLE VP
NAME Angel E. Reyes
STREET ADDRESS 3601 SW 117th Ave. #20
CITY-ST-ZIP MIAMI, FL. 33175 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)