2002 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

changed, or on an attachment with an address

Feb 06, 2002 8:00 am Secretary of State 297724 **DOCUMENT #** 1. Entity Name 02-06-2002 90018 027 ***150.00 GOLD COAST O. K. TIRES, INC. Principal Place of Business Mailing Address 4201 N.E. 6TH AVENUE 3381 N DIXIE HWY POMPANO BEACH FL 33064 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State . _ City & State 4. FEI Number 59-1113472 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HUNTER, VERNON Street Address (P.O. Box Number is Not Acceptable) 1911 NE 52ND CT FT. LAUDERDALE FL 33308 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition TITLE Delete TITLE ☐ Change **HUNTER, VERNON** NAME NAME 1911 N.E. 52ND COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE. FL CITY-ST-ZIP TITLE **VSD** ☐ Delete TITLE ☐ Change ☐ Addition NAME KLINK, DANIEL NAME STREET ADDRESS STREET ADDRESS 176 PEAK ROAD **CRESTON NC 28615** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MIRANDA, VIRGINIA NAME STREET ADDRESS STREET ADDRESS 329 NW 36TH AVE CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP. 50 ેક્ફ્રા-' Change Delete TITLE -☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Manage Change ☐ Addition TITLE ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 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 11 or Block 12

with all other like empowered

FILED