

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 90466 008 \*\*\*150.00

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**DOCUMENT # 358707**

1. Entity Name

WEST SIDE TIRE CORP



Principal Place of Business

1550 W 29TH ST  
HIALEAH FL 33010

Mailing Address

9192 CORAL WAY  
STE 201  
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

59-1309003

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

CABELLERO, MARCIA B.  
9190 CORAL WAY  
STE 201  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name

Caballero Marcia B.

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

9192 Coral Way

Ste 201

City

Miami

FL

Zip Code

33165

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

**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	PD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ORESTE	
STREET ADDRESS	1550 W. 29 ST	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ALVAREZ, ANTONIO	
STREET ADDRESS	1550 W. 29 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ALVAREZ, MAGDALENA	
STREET ADDRESS	1550 W 29 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	ALVAREZ, MAGDALENA	
STREET ADDRESS	1550 W 29 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

Orestes Alvarez-Perez

2/14/03

Date

Daytime Phone #

CR2E034 (10/02)