

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2000 8:00 am
Secretary of State

03-10-2000 90021 031 ***150.00

DOCUMENT # 406389

1. Entity Name
BELLO'S TIRE CENTER, INC.

Principal Place of Business C/O MENDOZA-CALLAS & SCHILLING 251 ROYAL PALM WAY, PO-BOX 2715 PALM BEACH FL 33480	Mailing Address G/O MENDOZA-CALLAS & SCHILLING 251 ROYAL PALM WAY, PO-BOX 2715 PALM BEACH FL 33480-2715
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business c/o Mendoza and Callas Suite, Apt. #, etc. 251 Royal Palm Way, Ste. 602 City & State Palm Beach, FL Zip 33480	Country USA	3. Mailing Address c/o Mendoza and Callas Suite, Apt. #, etc. P. O. Box 2715 City & State Palm Beach, FL Zip 33480	Country USA
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4. FEI Number **59-1407597**
 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**MENDOZA-CALLAS & SCHILLING
 251 ROYAL PALM WAY, SIXTH FLOOR
 PALM BEACH FL 33480-1310**

7. Name and Address of New Registered Agent
 Name
Mario G. de Mendoza, III
 Street Address (P.O. Box Number is Not Acceptable)
c/o Mendoza and Callas
251 Royal Palm Way, Suite 602
 City **Palm Beach** State **FL** Zip Code **33480**

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 *Mario G. de Mendoza, III* **Mario G. de Mendoza, III, Reg. Agt** DATE **2/8/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BELLO, PEDRO O. 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STV BELLO, ERNESTO J. 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLO, ERNESTO J. 251 ROYAL PALM WAY PALM BEACH FL	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 if changed, or on an attachment with an address, with either like empowered.

SIGNATURE: *Pedro O. Bello* **Pedro O. Bello, Pres.** (561) 478-1411
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)