

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 019 ***150.00

DOCUMENT # 674833

1. Entity Name

ALPHA TIRE AND AUTO SERVICE, INC.



Principal Place of Business

5600 WASHINGTON STREET
C/O LEJA ALLEN
HOLLYWOOD FL 33023

Mailing Address

5600 WASHINGTON STREET
C/O LEJA ALLEN
HOLLYWOOD FL 33023

2. Principal Place of Business

S/A

3. Mailing Address

S/A

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2011776

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~LEJA, ALLEN~~
5600 WASHINGTON STREET
HOLLYWOOD FL 33023

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

City FL Zip Code

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

Joseph Cimino

(NOTE: Registered Agent signature required when reinstating)

DATE

3/04/04

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Delete
NAME LEJA, ALLEN
STREET ADDRESS 1960 SW 68TH AVE.
CITY-ST-ZIP PLANTATION FL 33317

TITLE ☒ Change ☐ Addition
NAME PRESIDENT
STREET ADDRESS CIMINO, JOSEPH
CITY-ST-ZIP 1591 N.W. 132ND AVE.
PEMBROKE RIDES, FLA. 33028

TITLE ☒ Delete
NAME LEJA, MARY E
STREET ADDRESS 1960 SW 68TH AVE
CITY-ST-ZIP PLANTATION FL 33317

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

Joseph Cimino

JOSEPH CIMINO

President - 3/04/04

(954)

962-6005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #