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FILED
May 21, 2002 8:00 am
Secretary of State

04-11-2002 90701 008 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H37259

1. Entity Name
PAN AMERICAN TIRE, INC.

Principal Place of Business
**1840 SO MILITARY TRAIL
 WEST PALM BEACH FL 33415
 US**

Mailing Address
**1840 SO MILITARY TRAIL
 WEST PALM BEACH FL 33415
 US**

285.00



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 **59-2478709**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**BROOME, WILLIAM R.H., ESQ.
 1818 SO AUSTRALIAN AVENUE
 SUITE 202
 WEST PALM BEACH FL 33409**

Name
 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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 ☐ Delete
 NAME **S GLASER, RAYMOND**
 STREET ADDRESS **3188 PINEHURST**
 CITY-ST-ZIP **WEST PALM BCH FL 33487**

TITLE ☐ Delete
 NAME **T GRAYSON, JASON**
 STREET ADDRESS **278 SANDPIPER AVE.**
 CITY-ST-ZIP **ROYAL PALM BCH. FL 33411**

TITLE ☐ Delete
 NAME **VP CHRISTIE, JEROME**
 STREET ADDRESS **529 NORTHEAST PLANTATION ROAD #110**
 CITY-ST-ZIP **STUART FL 34996-0000**

TITLE ☐ Delete
 NAME **P GRAYSON, JACK**
 STREET ADDRESS **123 WATERWAY ROAD**
 CITY-ST-ZIP **ROYAL PALM BEACH FL 33411**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)