## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

## May 06, 2002 8:00 am Secretary of State DOCUMENT # H39183 1. Entity Name R & M TIRE COMPANY, INC. 05-06-2002 90275 021 \*\*\*150.00 Principal Place of Business Mailing Address % MARVIN FRIEDMAN % MARVIN FRIEDMAN 1561 N.E. 163RD STREET 1561 N.E. 163RD STREET NORTH MIAMI BEACH FL 33162 NORTH MIAMI BEACH FL 33162 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2489596 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 Name FRIEDMAN, MARVIN-Street Address (P.O. Box Number is Not Acceptable) 1561 N.E. 163RD ST. NORTH MIAMI FL 33162 City -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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing. Tax filing requirement and elects to do so: After May 1, 2002 Fee will be \$550:00 -- \$5:00.May.Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition CR2E034 (9/01 NAME FRIEDMAN, MARVIN NAME STREET ADDRESS 13503 N.W. 10TH ST STREET ADDRESS SUNRISE FL CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GARCIA, ROLANDO M NAME NAME STREET ADDRESS 16540 NW 86 CT STREET ADDRESS CITY-ST-ZIP MIAMI LAKES FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -CITY-ST-ZIP - -TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE 1. TO 3. Delete Change ... 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 receive visit execute visit execute visit execute visit execute visit execute visit executes. Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED