

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 16, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90121 022 \*\*\*550.00

**DOCUMENT # K54847**

1. Entity Name  
**OAKLAND TIRE, INC.**

Principal Place of Business  
**1139 E COMMERCIAL BLVD  
OAKLAND PARK FL 33334**

Mailing Address  
**1139 E COMMERCIAL BLVD  
OAKLAND PARK FL 33334**

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State  
City & State

Zip Country Zip Country

4. FEI Number **65-0099113**

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

**GAETA, MARK L  
1120 S.E. THIRD AVENUE  
FT. LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **NOEL A ALSTON**  
Street Address (P.O. Box Number is Not Acceptable)  
**1139 E COMMERCIAL BLVD**  
**Oakland Park FL 33334**

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]* DATE **7/1/2001**

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.  **FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	
TITLE <b>P</b>	<b>ALSTON, NOEL A</b> 1139 E COMMERCIAL BLVD OAKLAND PARK FL 33334
TITLE <b>VP</b>	<b>ALSTON, NIGEL</b> 1139 E COMMERCIAL BLVD OAKLAND PARK FL 33334
TITLE <b>S</b>	<b>ALSTON, EILEEN E</b> 1139 E COMMERCIAL BLVD OAKLAND PARK FL 33334
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>
TITLE <b></b>	<b></b>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b>	<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 executor 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: X SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2004 (5/01)