## **2000 UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT # K78092** Apr 06, 2000 8:00 am Secretary of State 1. Entity Name TIRE WHOLESALERS, INC. 04-06-2000 90121 001 \*3,450.00 Mailing Address Principal Place of Business 3033 JACKSON BLUFF RD 13155 SW 132 AVE MIAMI FL 33186-5878 TALLAHASSEE FL 32304 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2941421 Not Applicable Country Zip 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 KUKER, HOWARD Street Address (P.O. Box Number is Not Acceptable) 9200 S. DADELAND BLVD., STGE. 508 MIAMI FL 33156 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition ☐ Delete TITLE MARTINO, ANSELME NAME NAME STREET ADDRESS 13155 SW 132 AVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE WATTS, THOMAS D. NAME NAME 3033 JACKSON BLUFF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL CITY-ST-ZIP Change Addition ☐ Delete TITLE MARTINO, SALOMON NAME NAME 13155 SW 132 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE TITLE MARTINO, EDWARD E NAME NAME STREET ADDRESS 13155 SW 132 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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. changed, or on an attachment with an address, with all other like empowered.

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ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: