

2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # L00000006035

1. Entity Name
TIRE CHEK, L.L.C.

FILED
01 MAR 22 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8840 SOUTH LAKE DASHA DRIVE
PLANTATION FL 33324

Mailing Address
8840 SOUTH LAKE DASHA DRIVE
PLANTATION FL 33324



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
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RITTER, GREGORY J ESQUIRE
RITTER CHUSID BIVONA & COHEN, LLP
7000 W. PALMETTO PARK ROAD, SUITE 400
BOCA RATON FL 33433

Name

GARY LEMBERGER

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

8840 South Lake Dasha Drive

City Plantation, Fl.

FL

Zip Code

33324

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

Gary Lemberger, President

1/28/01

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE PRESIDENT ☐ Delete
NAME GARY LEMBERGER
STREET ADDRESS 8840 S. LAKE DASHA DRIVE
CITY-ST-ZIP PLANTATION, FL. 33324

TITLE ☐ Change ☐ Addition
NAME 300003930843-3
STREET ADDRESS -03/30/01 -01029-004
CITY-ST-ZIP *****50.00 *****50.00

TITLE SECRETARY & TREASURER ☐ Delete
NAME JOEL PERMAN
STREET ADDRESS 500 WEST LAKE DASHA DRIVE
CITY-ST-ZIP PLANTATION, FL. 33324

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature] Gary Lemberger, President

1/28/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)