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2003 MAR 10 AM 10:08

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000032134			
1. Entity Name A&D TIRE SALES & REPAIRS LLC			
Principal Place of Business 7740 DICKENS AVE. MIAMI BEACH, FL 33141		Mailing Address 7740 DICKENS AVE. MIAMI BEACH, FL 33141	
2. Principal Place of Business 1601 N.W. 119th ST Suite, Apt. #, etc.		3. Mailing Address 1601 N.W. 119th ST. Suite, Apt. #, etc.	
City & State MIAMI - FLORIDA Zip 33167 Country DADE		City & State MIAMI FLORIDA Zip 33167 Country DADE	
4. FEI Number		☒ Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent FELIX, ANGEL L 7740 DICKENS AVE. MIAMI BEACH, FL 33141		7. Name and Address of New Registered Agent Name ALEX MARTINEZ Street Address (P.O. Box Number is Not Acceptable) 1601 N.W. 119th St. City MIAMI FL Zip Code 33167	
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>[Signature]</i> DATE 3-5-03 Signature must be typed or printed name of registered agent and the filer. (NOTE: Registered Agent's signature required when redesigning)			
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003			
9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FELIX, ANGEL L 7740 DICKENS AVE. MIAMI BEACH, FL 33141 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALEX MORALES 1601 N.W. 119th St. MIAMI FL 33167 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORALES, DANIEL 500 NE 78 STREET, APT. 2 MIAMI, FL 33138 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CLEARY, LIVIA 7601 E. TREASURE DR. APT. 903 NORTH BAY VILLAGE, FL 33141 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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 606, Florida Statutes. SIGNATURE: <i>[Signature]</i> DATE 3-5-03 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			

CR2E083 (10/02)

03/10/03-01045-012 ***55.00