## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # L23015

1. Corporation Name

RUBEN TIRE, CORP.

FILED Apr 13, 1999 8:00 am							
Secretary	y of State						
04-13-1999 9002	27 034 ***150.00						



Principal Place of Business	Mailing Address			•	:			
% RUBEN BOUZA 3055 N.W. 31ST AVE. MIAMI FL 33142	% Ruben Bouza 3055 N.W. 31ST AVE. MIAMI FL 33142			DO NOT WRITE IN THIS SPACE				
				3. Date incorporated or Qualifed 10/16/1989				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For			
21	26			65-0150766	Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip Country			8. This corporation owes the current year Intangible Personal Property Tax.				
9. Name and Address of Current	Registered Agent	$T^{-}$		10. Name and Address of New Registered	Ágent			
BOUZA, RUBEN		81	Name					
3055 N.W. 31ST AVE E		82	Street Addre	treet Address (P.O. Box Number is Not Acceptable)				
MIAMI FL FL 33142		83		·				
, , , , , , , , , , , , , , , , , , ,		84	City	FL	85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502	and 607,1508. Florida Statutes, the a	bove	-named corpo	ration submits this statement for the purpose of	changing its registered			

office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes.

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SIGNATURE	Signature, typed or printed name of registered agent and title if a	onlicable (NOTE:	Registered Agent signature requ	red when reinstating)		DATE	
12.	OFFICERS AND DIREC		13.		CHANGES TO OF	ICERS AND DIRECT	ORS IN 12
TITLE	D .	DELETE	1.1 TITLE			Change	Addition
NAME	BOUZA, RUBEN		1.2 NAME			The same of the same	
STREET ADDRESS			1.3 STREET ADDRESS	·			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP				
TITLE	:	☐ DELETE	2.1 TITLÉ			Change	☐ Addition
NAME		. '	2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	-		. <u> </u>	
TITLE		☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS		•	3.3 STREET ADDRESS				
CITY-ST-ZIP	· ·		3.4. CITY-ST-ZIP	_			
TITLE		☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
NAME	·		4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP		_		
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		<u>.</u>	محرب بم بن	
CITY-ST-7IP	Harap Commander Committee		6.4 CITY-ST-ZIP			•	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date