

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L44970**

1. Entity Name

GUINES TIRES INC.

FILED
Mar 04, 2000 8:00 am
Secretary of State

03-04-2000 90085 044 ***150.00

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| Principal Place of Business 1901 W 4 AVE FL 33010 | Mailing Address 1901 W 4 AVE HIALEAH FL 33010-2407 |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | 3. Mailing Address Suite, Apt. #, etc. City & State Zip |
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| 4. FEI Number 65-0173327 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

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|---|--|---|--|
| 6. Name and Address of Current Registered Agent RODRIGUEZ, MELBIS 980 EAST 20 STREET HIALEAH FL 33013 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code | |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

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|---|---|---|------------------------------------|
| 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
|---|---|---|------------------------------------|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DST RODRIGUEZ, MELBIS 980 E 20TH ST HIALEAH FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP RODRIGUEZ, MIRIAM 980 E 20TH ST HIALEAH FL | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
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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.

SIGNATURE: _____ DATE: **2/29/00** DAYTIME PHONE #: **305-884-4077**

CR2E034 (9/99)