FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2001 8:00 am Secretary of State DOCUMENT # L65838 1. Entity Narise AMERICAN TIRE EXPRESS, INC. 03-22-2001 90005 033 ***150.00 Principal Place of Business Mailing Address C/O WAYNE WALKER % WAYNE WALKER 12261 SW 189 ST. 10700 SW 190 ST. 732418 MIAMI FL 33157 MIAMI FL 33177 2. Principal Place of Business 3. Mailing Address 8358 SW 182 Jerr Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0194819 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 4de 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WALKER, WAYNE Street Address (P.O. Box Number is Not Acceptable) 12261 SW 189 ST. **MIAMI FL 33177** purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entit SIGNATURE. (NOTE: Registered Agent signature required when reinstating) ed agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) \Box Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (10/00) **PVST** ☐ Addition TITLE ■ Delete TITLE NAME WALKER, WAYNE NAME 182 Iea STREET ADDRESS STREET ADDRESS 12261 SW 189 ST 8 500 CITY-ST-ZIP CITY-ST-7IP 33iS MIAMI FL TITLE ☐ Delete TITLE Change Addition NAME WALKER, WAYNE NAME Thomas AntiEqu STREET ADDRESS STREET ADDRESS 12261 SW 189 ST 14530 SW 98 TERR MIAMI, EL 33186 CITY-ST-ZIP CITY-ST-7IP MIAMI FL Secret Asy) Theasures Ochange Delete TITLE TITLE John AntiEAU NAME NAME 19480 7W 8 St STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines Fl. 33029 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 by 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 the 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 empoyared 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 empoyared. 3.5-01 SIGNATURE:

GNING OFFICER OR DIRECTOR