

**2000 UNIFORM BUSINESS REPORT (UBR)**

APPROVED  
AND  
FILED

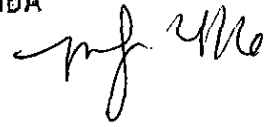
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DOCUMENT # **L99000001071**

1. Entity Name  
**INTERNATIONAL TIRE TRADING LLC**

00 MAR 27 AM 9:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA




Principal Place of Business <b>250 AUSTRALIAN AVENUE, SUITE 1100 WEST PALM BEACH FL 33401</b>	Mailing Address <b>250 AUSTRALIAN AVENUE, SUITE 1100 WEST PALM BEACH FL 33401-5014</b>
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**RAPPOPORT, ADI  
ONE CLEARLAKE CENTRE, SUITE 1100  
250 AUSTRALIAN AVENUE SOUTH  
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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 \_\_\_\_\_

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME <b>MGRM VOIRON, ANDRE</b>	<input type="checkbox"/> Delete
STREET ADDRESS <b>250 AUSTRALIAN AVENUE, SUITE 1100 WEST PALM BEACH FL 33401</b>	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

10. ADDITIONS/CHANGES

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>300003203543--5</b>
CITY-ST-ZIP	<b>-04/11/00--01071--013</b>
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	<b>*****50.00 *****50.00</b>
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	
CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 REQUIRED (AS Attorney in Fact) Date 3/23/2000 Daytime Phone # 561 835 9600

CR2E083 (9/99)