2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

M06004 **DOCUMENT #**

1. Entity Name

OKEECHOBEE TIRE, INC.



FILED Feb 12, 2003 8:00 am Secretary of State 02-12-2003 90122 043 ***150.00

Principal Place of Business 4373 NW 7TH ST MIAMI FL 33126 US						
2. Principal Place of Business 3. Mailing Address					 	18 1 1 1 1 1 1 1 1 1
Suite, Apt. #, etc. Suite, Apt. #, etc.				☐ CHECK HERE IF MAKING	CHANGES	
y & State City & State				4. FEI Number 59-2452179 Applied Fo		oplied For
Country	Zip	Zip Country		5. Certificate of Status Desired S8.75 Additional Fee Required		ditional
6. Name and Address of Current Register		- 				
THE AUGUST OF CUTTOR	t Hogistorea Agent		Name	,	3	
ACOSTA, LUIS R :14632 SW 45 TERR			Street Address (P.O. Box Number is Not Acceptable)			
		Ì				
			City	FL	Zip Cod	е
	for the purpose of changing it	s registere	d office or registe	ered agent, or both, in the State of Florida. I am fa	amiliar with,	and accept
printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature require	ed when reinstating) DATE		
Fee will be \$550.00	I			9. Election Campaign Financing Trust Fund Contribution.		00 May Be d to Fees
OFFICERS ANI	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	S IN 11
	☐ Delete	TITLE			Change	Addition
	NAM STRE		T ADDRESS			_
	☐ Delete	TITLE			☐ Change	Addition
45TH TERR			1		5	
المرابعة فيميم التهمية	Delete	STREE	T ADDRESS	market for the second s	☐ · Change	Addition
	☐ Delete	STREE	T ADDRESS		Change	☐ Addition
	☐ Delete	STREE	T ADDRESS		Change	☐ Addition
	☐ Delete		T ADDRESS		Change	☐ Addition
	Country and Address of Current submits this statement agent. r printed name of registered ager FEE IS \$150.00 3 Fee will be \$550.00 Florida Department	Suite, Apt. #, etc. City & State Country Zip and Address of Current Registered Agent submits this statement for the purpose of changing it red agent. reinted name of registered agent and title if applicable. FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS UIS R 45TH TERR AARIA B 45TH TERR Delete	MIAMI FL 33126 US 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Count Country Zip Count And Address of Current Registered Agent Submits this statement for the purpose of changing its registere red agent. (NOTE: Registered Agent (NOTE: Registered Agent FEE IS \$150.00 3 Fee will be \$550.00 Florida Department of State OFFICERS AND DIRECTORS UIS R 45TH TERR AARIA B 45TH TERR Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- Delete TITLE NAME STREE CITY- DELET TITLE NAME STREE CITY- TITLE	MIAMI FL 33126 US 3. Mailing Address Suite, Apt. #, etc. City & State Country Zip Country And Address of Current Registered Agent Name Street Address City Submits this statement for the purpose of changing its registered office or registered agent. PEE IS \$150.00 3 Fee will be \$550.00 FIORIDA Department of State OFFICERS AND DIRECTORS I1. UIS R 45TH TERR ARRIA B ARRIA B ASTREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete NAME STREET ADDRESS CITY-ST-ZIP Delete STREET ADDRESS CITY-ST-ZIP Delete	MAMI FL 33128 US SINE, Apt. #, etc. CHECK HERE IF MAKING City & State 4. FEI Number 59-2452179 Country Zip Country 5. Certificate of Status Desired 59-2452179 Country Zip Country 5. Certificate of Status Desired 6. Street Address of New Registered Agent 7. Name and Address of New Registered Agent Name Street Address (PO. Box Number is Not Acceptable) Street Address (PO. Box Number is Not Acceptable) City FL Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am for red agent. PARE Street Address (PO. Box Number is Not Acceptable) City FL Submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am for red agent and stool displicable. (NOTE Registered Agent septiable inquired agent, or both, in the State of Florida. I am for red agent. PARE State St	MAMI F. 23126 US Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State 4. FEI Number 59-2452179 AN Englishment Agent AN Englishment Agent Anderess of Current Registered Agent Anderess of Current Registered Agent Name Address of New Registered Agent Name Name

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 10 or Block 11 if changed, or on an attachment with an address, with an address, with an address, with an address, with an address. RZQGMEACOSTA **SIGNATURE:**

TED NAME OF SIGNING OFFICER OR DIRECTOR

35-448-7807

Daytime Phone #