

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M13632

1. Entity Name

LUCY'S TIRE, INC.

**FILED**  
**Mar 20, 2001 8:00 am**  
**Secretary of State**

03-20-2001 90024 006 \*\*\*150.00

Principal Place of Business

~~8025 NW 66TH ST~~ 12450 N.W 107 CT  
MIAMI FL ~~33166~~  
US 33178

Mailing Address

~~8225 NW 66TH ST~~ 12450 N.W 107 CT  
MIAMI FL ~~33166~~  
US 33178

2. Principal Place of Business

12450 N.W 107 CT

3. Mailing Address

12450 N.W 107 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33178

Country

Dade

Zip

33178

Country

Dade

4. FEI Number

59-2549955

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

GARCIA, LUZ M.  
11335 NW 66TH ST.  
MIAMI FL 33178

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**

**After MAY 1, 2001 Fee will be \$550.00**

**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE P  
NAME RIOS, JOSE  
STREET ADDRESS 11335 NW 66TH ST.  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE V  
NAME MATILDE PORTELA  
STREET ADDRESS 11335 NW 66TH ST.  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE VIS  
NAME GARCIA, LUZ M.  
STREET ADDRESS 11335 NW 66TH ST.  
CITY-ST-ZIP MIAMI FL 33178 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/01 (35) 593-2028  
Date Daytime Phone #

CR2E034 (10/00)