

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M97655

1. Entity Name

IAN'S TIRE & ROAD SERVICE INC.

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

05-12-2000 90009 037 \*\*\*150.00

Principal Place of Business

Mailing Address

~~1043 NW 38TH AVE.~~

~~FT. LAUDERDALE FL 33311~~

~~US~~

~~1043 NW 38TH AVE.~~

~~FT. LAUDERDALE FL 33311 4116~~

~~US~~

2. Principal Place of Business

5711 NW 12TH STREET

Suite, Apt. #, etc.

3. Mailing Address

5711 NW 12TH STREET

Suite, Apt. #, etc.

City & State

LAUDERHILL, FL

Zip

33313

Country

USA

City & State

LAUDERHILL, FL

Zip

33313

Country

USA

4. FEI Number

65-0084253

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IAN LA GRENADE

~~4293 NW 55 PL~~

~~COCONUT CREEK FL 33073~~

Name

Street Address (P.O. Box Number is Not Acceptable)

5711 NW 12TH STREET

City

LAUDERHILL, FL

FL

Zip Code

33313

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 reinstating)

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, 2000 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	DPV	<input type="checkbox"/> Delete
NAME	LA GRENADE, IAN	
STREET ADDRESS	<del>4293 NW 55 PLACE</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL 33073</del>	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LA GRENADE, IAN	
STREET ADDRESS	<del>4293 NW 55TH PLACE</del>	
CITY-ST-ZIP	<del>COCONUT CREEK FL 33073</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5711 NW 12TH STREET
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5711 NW 12TH STREET
CITY-ST-ZIP	LAUDERHILL, FL 33313
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)