

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 18, 2002 8:00 am**  
**Secretary of State**

04-18-2002 90494 048 \*\*\*158.75

**DOCUMENT # P00000002346**

1. Entity Name

**USED TIRES, INC.**

Principal Place of Business

**8462 VIA D'ORO  
 BOCA RATON FL 33433**

Mailing Address

**8462 VIA D'ORO  
 BOCA RATON FL 33433**

2. Principal Place of Business

**430 JEFFERSON DRIVE**

3. Mailing Address

**430 JEFFERSON DRIVE**

Suite, Apt. #, etc.

**303**

Suite, Apt. #, etc.

**303**

City & State

**DEERFIELD BEACH, FL**

City & State

**DEERFIELD BEACH, FL**

Zip

**33442**

Country

**USA**

Zip

**33442**

Country

**USA**

6. Name and Address of Current Registered Agent

**LEVY, HOWARD  
 8462 VIA D'ORO  
 BOCA RATON FL 33433**

7. Name and Address of New Registered Agent

Name: **LEVY, HOWARD**  
 Street Address (P.O. Box Number is Not Acceptable): **430 JEFFERSON DRIVE**  
**#303**  
 City: **DEERFIELD BEACH** FL Zip Code: **33442**

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: *Howard J Levy* **HOWARD J LEVY PRESIDENT 4/9/02**  
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, 2002 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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>LEVY, HOWARD</b>	
STREET ADDRESS	<b>8462 VIA D'ORO</b>	
CITY-ST-ZIP	<b>BOCA RATON FL 33433</b>	
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	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEVY, HOWARD</b>	
STREET ADDRESS	<b>430 JEFFERSON DRIVE #303</b>	
CITY-ST-ZIP	<b>DEERFIELD BEACH, FL 33442</b>	
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		
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: *Howard J Levy* **PRESIDENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/02 954428-0084**  
Date Daytime Phone #

CR2E034 (9/01)