

2002 UNIFORM BUSINESS REPORT (UBR)

0143771 AV

DOCUMENT # P00000006998

1. Entity Name
SAN FRANCISCO TIRE RECYCLING CORP.

FILED
02 APR 19 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
10240 NW 129TH STREET
HIALEAH GARDENS FL 33018

Mailing Address
10240 NW 129TH STREET
HIALEAH GARDENS FL 33018



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

2300 Coral Way

2300 Coral Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite # 200

Suite # 200

City & State

City & State

Miami, Florida

Miami, Florida

Zip

Country

Zip

Country

33145

US

33145

US

4. FEI Number 65-1018648

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA ANNUAL REPORT SERVICES INC.
2300 CORAL WAY
SUITE 200
MIAMI FL 33145

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

AMADA CANTERA LOPEZ, President

(NOTE: Registered Agent signature required when reinstating)

DATE 3/26/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME LORENZO, FRANK
STREET ADDRESS 10240 NW 129TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

TITLE ☐ Change ☐ Addition
NAME 900005315385
STREET ADDRESS -04/22/02--01122--004
CITY-ST-ZIP *****150.00 *****150.00

TITLE SD ☐ Delete
NAME RODRIGUEZ, CRESENCIO J
STREET ADDRESS 10240 NW 129TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

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

TITLE TD ☐ Delete
NAME GALAN, ANTONIO R
STREET ADDRESS 10240 NW 129TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

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

TITLE D ☐ Delete
NAME LORENZO, ERELIO S
STREET ADDRESS 10240 NW 129TH STREET
CITY-ST-ZIP HIALEAH GARDENS FL 33018

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 (9/01)