

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000047197

1. Entity Name

M-O KEEN TIRE SERVICES, INC.

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90220 011 ***158.75

766140



DO NOT WRITE IN THIS SPACE

Principal Place of Business

1247 W. SUNRISE BOULEVARD
 FT. LAUDERDALE FL 33311

Mailing Address

1247 W. SUNRISE BOULEVARD
 FT. LAUDERDALE FL 33311

2. Principal Place of Business

3. Mailing Address

840 NW 38th Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Ft. Lauderdale, FL

4. FEI Number

65-1008271

Applied For

Not Applicable

Zip

Country

Zip

Country

33311

U.S.A.

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

KEEN, MICHAEL

1247 W. SUNRISE BOULEVARD
 FT. LAUDERDALE FL 33311

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 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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
 NAME D
 STREET ADDRESS KEEN, MICHAEL
 CITY-ST-ZIP 1247 W. SUNRISE BOULEVARD
 FT. LAUDERDALE FL 33311

TITLE ☐ Change ☒ Addition
 NAME Venice Keen
 STREET ADDRESS 840 NW 38 Ave
 CITY-ST-ZIP Ft. Lauderdale, FL 33311

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE ☐ Delete
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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:

Venice Keen 4/27/01 (954)682-7814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/00)