

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000074969

1. Entity Name
MACHINE AUTO TIRE SERVICES, INC.

FILED
Mar 13, 2002 8:00 am
Secretary of State

03-13-2002 90058 037 ***150.00

Principal Place of Business Mailing Address
9050 S.W. 40TH STREET 9050 S.W. 40TH STREET
MIAMI FL 33165 MIAMI FL 33165



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-1030453

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MACHIN, ERASMO
9050 S.W. 40TH STREET
MIAMI FL 33165

Name Guadalupe Machin

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

9050 SW 40 ST

City

MIAMI

FL

Zip Code

33165

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 *Guadalupe Machin*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-20-02

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
NAME MACHIN, ERASMO
STREET ADDRESS 9050 S.W. 40TH STREET
CITY-ST-ZIP MIAMI FL 33165 ☒ Delete

TITLE owner President
NAME GUADALUPE MACHIN
STREET ADDRESS 9050 SW 40 ST
CITY-ST-ZIP MIAMI FL 33165 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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 like empowered.

SIGNATURE:

Guadalupe Machin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-20-02

CR2E034 (9/01)