

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000074969

1. Entity Name

**MACHINE AUTO TIRE SERVICES, INC**



FILED

03 JUL 22 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

500022369615

08/18/03--01005--018 \*\*\*300.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**9050 SW 40 STREET**

Suite, Apt. #, etc.

3. Mailing Address

**SAME**

Suite, Apt. #, etc.

City & State

**MIAMI, FLORIDA**

Zip

Country

**33165**

City & State

Zip

Country

4. FEI Number

**65-1030453**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**GUADALUPE MACHIN**

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

**9050 SW 40 STREET**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required with reinstating)

07/21/2003

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

CR2E0348 (12/02)

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PRESIDENT  
GUADALUPE MACHIN  
9050 SW 40 STREET  
MIAMI, FL 33165**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. 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 10 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

07/21/2003

Date

Daytime Phone #

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$ 150.00 for the annual report fee with my application.

Please be advise that for any reason we did not receive the U.B.R. for the year 2003 or any other notice from the Division of Corporations in respect with the Corporation **MACHINE AUTO TIRE SERVICES, INC.**

Thank you for your courtesy in this matter.

  
**GUADALUPE MACHIN**  
**VICE PRESIDENT**