

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 19, 2003 8:00 am**  
**Secretary of State**

01-21-2003 90519 029 \*\*\*150.00

**DOCUMENT # P00000105385**

1. Entity Name  
**CHICO'S TIRES SERVICE CORP.**



Principal Place of Business  
**3995 EAST 4TH AVE  
HIALEAH FL 33013**

Mailing Address  
**3995 EAST 4TH AVE  
HIALEAH FL 33013**

**33008604**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1056536**

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

**MANTILLA, LUCY  
7732 WEST 30TH LANE  
HIALEAH FL 33018**

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

SIGNATURE

*Magaly Arias*

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

(NOTE: Registered Agent signature required when renewing)

**1-18-03**

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P**  
NAME **MANTILLA, LUCY**  
STREET ADDRESS **7732 WEST 30TH LANE**  
CITY-ST-ZIP **HIALEAH FL 33018**

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME **Magaly Arias PR**  
STREET ADDRESS **6223 W 24 AVE APT 104**  
CITY-ST-ZIP **Hialeah, FL 33016**

☒ Change ☐ Addition

TITLE  
NAME **Jorge Luis Baez**  
STREET ADDRESS **6223 W 24 AVE APT 104**  
CITY-ST-ZIP **Hialeah, FL 33016**

☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Magaly Arias*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-18-03**

Date

**(305) 898-2430**

Daytime Phone

CR2E034 (10/02)