

FILED
May 28, 2002 8:00 am
Secretary of State
05-07-2002 90245 017 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

30289

DOCUMENT # P01000012321
1. Entity Name
MAURICIO TIRES CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 865 EAST 25th. STREET Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State HIALEAH, FL 33013		City & State	
Zip 33013	Country USA	Zip	Country

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4. FEI Number 65-1074677	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent	
Name MAURICIO M. PLAZZO	
Street Address (P.O. Box Number is Not Acceptable) 865 EAST 25th. STREET	
City MIAMI	FL Zip Code 33013

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 _____ (NOTE: Registered Agent signature required when renewing) **DATE** _____

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

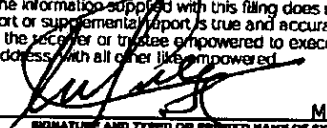
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	January 1 - May 1 Fee is \$150.00 After May 1 Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT MAURICIO M. PLAZZO 865 EAST 25th. STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT CARLOS A. GONZALEZ 865 EAST 25th. STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MARISA G. ANTONELLIS 865 EAST 25th. STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 on an attachment with an address with all other like empowered.

SIGNATURE:  **MAURICIO M. PLAZZO** **04/22/2002** **(305)836-8069**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)