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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	3. Mailing Address
865 EAST 25th. STREET	
Suite, Apt. #, etc. - - - - -	Suite, Apt. #, etc.
City & State HIALEAH, FL 33013	City & State
Zip 33013 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1074677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 $61.25
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

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

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 #