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FILED

Apr 23, 2002 8:00 am
Secretary of State

03-25-2002 90147 011 ***158.75

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000036411

1. Entity Name
RUBY-TYRE CORP.Principal Place of Business
19210 N W 10TH COURT
MIAMI FL 33169Mailing Address
19210 N W 10TH COURT
MIAMI FL 33169

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

65-1103000

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

Name

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

City

FL

Zip Code

JOHNSON, JOSEPH W
19210 N W 10TH COURT
MIAMI FL 33169

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 State10. 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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	JOSEPH W JOHNSON	19210 N W 10th	MIAMI, FL 33169				
VICE PRESIDENT	DORRIS JOHNSON	19210 N W 10th	MIAMI, FL 33169				
TREASURER	JOSEPH W JOHNSON	19210 N W 10th	MIAMI, FL 33169				
SECRETARY	DORRIS JOHNSON	19210 N W 10th	MIAMI, FL 33169				
CHAIRMAN OF THE BOARD	JOSEPH W JOHNSON	19210 N W 10th	MIAMI, FL 33169				

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-02

Date

305-876-0075

Daytime Phone #

CR2E034 (9/01)