

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P01000039938**

1. Entity Name

**TIRES WHOLESALE CORP.****FILED**  
**Jun 20, 2002 8:00 am**  
**Secretary of State**

06-20-2002 90061 047 \*\*\*558.75

0246805 AV

Principal Place of Business

**4620 S.W. 75TH AVENUE**  
**MIAMI FL 33155**

Mailing Address

**4620 S.W. 75TH AVENUE**  
**MIAMI FL 33155**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City &amp; State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

4. FEI Number

**65-1098215**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SARAH FERNANDEZ**  
**4620 S.W. 75TH AVENUE**  
**MIAMI FL 33155**

7. Name and Address of New Registered Agent

Name **ANGEL SANCHEZ**

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

**4620 SW 75 AVENUE**City **MIAMI****FL**Zip Code **33155**

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

**5/16/02**

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 State**10. Election Campaign Financing  
Trust Fund Contribution.**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** **SARAH FERNANDEZ** ☒ Delete  
NAME  
STREET ADDRESS **4620 S.W. 75TH AVENUE**  
CITY-ST-ZIP **MIAMI FL 33155**TITLE **D** **MARIE F. LEON** ☒ Delete  
NAME  
STREET ADDRESS **4620 SW 75 AVENUE**  
CITY-ST-ZIP **MIAMI, FL 33155**TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT/DIRECTOR** ☐ Change ☒ Addition  
NAME **ANGEL SANCHEZ**  
STREET ADDRESS **4620 SW 75 AVENUE**  
CITY-ST-ZIP **MIAMI, FL. 33155**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 liquidator 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 all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/16/02**

Date

**305-266-6666**

Daytime Phone #

CR2E034 (9/01)