## FILED Mar 20, 2002 8:00 am Secretary of State 03-20-2002 90232 023 \*\*\*150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

SIGNATURE/

O.	ALCKIN DOSHAE	33 REPOR!	(ODK)	03-20-2002 90232	023 130.00
DOCUMENT # PO 100050533  1. Entity Name  FINES INC					
PEMBROKE TIRES INC					
DØ NOT WRITE IN THIS SPACE				425878	
2247	Principal Place of Business  3. Mailing Address  2247 PEMBUKE RD  Suite, Apt. #, etc.  Suite, Apt. #, etc.			DO NOT WRITE IN TH	IIS SPACE
City & State	NOOD FL	City & State HOUYWWD	FC	4. FEI Number S 106756	Applied For Not Applicable
33000	Country	zin 33020	Country	5. Certificate of Status Desired	\$8.75 Additional
				7. Name and Address of Current Registe	<del></del>
			Name KCV	IN HARRILA	
DO NOT WRITE  Street Address (P.O. Box Number is Not Acceptable)  22 47 PEMSWIE IZ					
IN THIS SPACE					
		Maria (1964) (B. Salah Andria) Maria (Salah Andria) Maria (S. Salah Andria)	City HOLLS	א עטנגון	L Zip Code
8. The above named enjity submits this statement of the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE Superium, blogd or printed name of regressered against shift this if applicable: (NOTE: Registrared Agent signature required when rehosising)  DATE					
9. This corporation is eligible to satisfy its Intangible  After May 1 Fee is \$150.00.  After May 1 Fee is \$550.00.  10. Election Campaign Financing \$5.00 May Be					
	equirement and elects to do so.	Amended	UBR is \$61.25 to Department of Sta	Trust Fund Contribution.	\$5.00 May Be Added to Fees
11.	OFFICERS AND D	\$ 170% CHOOK DAMESTONE SOMEONING SELECTION OF CLICK SUCCESSION			
TITLE NAME	P/D KEVIN HAULILAL		TITLE STATE OF THE		201
STREET ADDRESS	2247 PEMPROKE RZ	•	STREET ADDRESS		
CNY-SI-ZIP	HOLYWUOP FL 33	<u>070</u>	CD ST IP		CR2E034B (12/01)
HAME			NAME		8
STREET ADDRESS City-St-Zip			STREET ADDRESS CITY-ST-ZP		
TITLE .			MIL 12 14 20 11 11 11 11 11 11 11 11 11 11 11 11 11		
STREET ADDRESS			STREET ALONESS		
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NAME			NAME	····INTHIS SPA	
STREET ADDRESS CITY+ST+ZIP			STREET ADDRESS OTTY-ST-TIP		
TITLE					
NAME Street adoress			NAME STREET ADDRESS	[4] College May Physiological Control of the College Control of t	
CITY-ST-ZIP	·		City 51-2P		
title · · · Name			TITLE TO THE STATE OF THE STATE		
STREET ADDRESS	· · · · · · · · · · · · · · · · ·	·	STREET ADDRESS		
CITY-ST-ZIP	entify that the information supplied with the	his filing does not availed for the	cm-sr.re	ction 119 07/3/0\ Everida Statutor 16 ib-	the second secon
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 ecceiver 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 lifte empowered.					