

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 13, 2002 8:00 am**  
**Secretary of State**

02-13-2002 90167 008 \*\*\*150.00

**DOCUMENT # P01000085483**

**1. Entity Name**  
**WHEEL & TIRES OUTLET, INC.**

**Principal Place of Business**  
**13987 S DIXIE HIGHWAY**  
**MIAMI FL 33176**

**Mailing Address**  
**13987 S DIXIE HIGHWAY**  
**MIAMI FL 33176**



DO NOT WRITE IN THIS SPACE

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**

65-0726400

Applied For

Not Applicable

Zip

Country

Zip

Cy

**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**

**AZADI, BEHMAN**  
**13987 S DIXIE HIGHWAY**  
**MIAMI FL 33176**

Name

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

City

**FL**

Zip Code

**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!!! FIS \$150.00**  
**After May 1, 2002 F 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**

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** ☐ Delete  
**NAME** **DPS**  
**STREET ADDRESS** **AZADI, BEHMAN**  
**CITY-ST-ZIP** **13987 S DIXIE HIGHWAY**  
**MIAMI FL 33176**

**1**  
**N**  
**S ADDRESS**  
**CT-ZIP**

☐ Change ☐ Addition

**TITLE** ☐ Delete  
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☐ Change ☐ Addition

**13. I hereby certify that the information supplied with this filing does not qualify for the election 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 rec'd 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**

Date

Daytime Phone #

CR2E034 (9/01)