
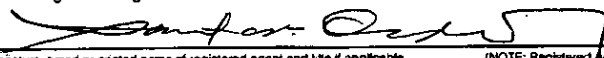
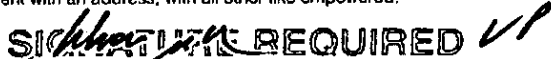


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

02-14-2003 90229 031 ***158.75

DOCUMENT # P01000110397							
1. Entity Name 21ST CENTURY TIRES, INC.							
Principal Place of Business 1400 SALZEDO, #503 CORAL GABLES FL 33134			Mailing Address PO BOX 144484 CORAL GABLES FL 33114				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-1154186			
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GUERRERO, PAULA 1400 SALZEDO, #503 CORAL GABLES FL 33134			Name SANTANDER B. ORDOÑEZ				
			Street Address (P.O. Box Number is Not Applicable) 1840 WEST 49TH ST. #220-4				
			City HIALEAH		FL	Zip Code 33012	
			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. I am familiar with, and accept the obligations of registered agent.				
SIGNATURE 			DATE 3-12-03				
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	PS	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DE PRAT, DELORES		NAME	DE PRAT, DOLORES			
STREET ADDRESS	1400 SALZEDO, #503		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DE PRAT, ALVARO		NAME				
STREET ADDRESS	1400 SALZEDO, #503		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DE PRAT, THERESA		NAME				
STREET ADDRESS	1400 SALZEDO, #503		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DE PRAT, ISIDRO		NAME				
STREET ADDRESS	1400 SALZEDO, #503		STREET ADDRESS				
CITY-ST-ZIP	CORAL GABLES FL 33134		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: 			DATE 3 05 461 2034				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #		

CR2E034 (10/02)