# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

FILED
05 AUG 19 AM 11:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000019210

1. Entity Name

La Union Tires, Inc.

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1225 Ali Baba Ave | |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Opa Locka, Fl | City & State |
| Zip: 33054 Country | Zip Country |

DO NOT WRITE IN THIS SPACE
AUG 19 2005

4. FEI Number: 03-0390925 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Castillo, Francisca

Street Address (P.O. Box Number is Not Acceptable): 1226 Ali Baba Ave

City: Opa locka FL Zip Code: 33054

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: X Francisca Castillo
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when submitting)

900058901099
08/23/05--01060--005 **450.00
DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | Castillo, Francisca |
| STREET ADDRESS | 1226 Ali Baba Ave |
| CITY-ST-ZIP | Opa locka, FL 33054 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X Francisca Castillo
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

P5272

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of $450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **LAUNION TIRES, INC.**

Thank you for your courtesy in this matter.

**FRANCISCA CASTILLO**
**PRESIDENT**