## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR

## **DOCUMENT #**

P02000020811

1. Entity Name

Y. G. TIRE, INC.



## Mar 10, 2003 8:00 am \$\frac{8}{3}\$ Secretary of State **FILED**

03-10-2003 90113 047 \*\*\*158.75

Principal Place of Business 5386 PALM RIDGE RD. DELRAY BCH FL 33484		Mailing Address 5386 PALM RIDGE RD. DELRAY BCH FL 33484								
2. Principal Place of Business		3. Mailing Address			-  		<b>CONSTRUCTION</b>	ili 04:01 18101		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES					
City & State		City & State			4. FEI Number 01 - 061 4249			pplied For lot Applicable	7	
Zip	Country	Zip	Country		1	Certificate of Status Desired		\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. N	lame and Address of New Reg	istered A	jent		_
				Name ·						
MILLER, JOH		Street Address			(P.O. Box Number is Not Acceptable)					$\dashv$
2499 GLADES	S RD., SUITE 305A	Street Address			(P.O. Box Number is Not Acceptable)					
BOCA RATON FL 33431										7
			City	1		FL	Zip Cod	de	1	
the obligations	ned entity submits this statement for of registered agent.		registere	ed office or register	red age	ent, or both, in the State of Florid	da. I am fa	miliar with.	, and accept	
Sign	ature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature required	d when re	instating)	DATE			
FILE NOW!!! FEE IS \$150.00  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State						Election Campaign Finar Trust Fund Contribution.	ncing		00 May Be d to Fees	
10.	<b>G</b> FFICERS AND	DIRECTORS	11.		ΑD	DITIONS/CHANGES TO OFFIC	ERS AND (	DIRECTOR	RS IN 11	1.
TITLE PC		☐ Delete	TITLE					☐ Change	☐ Addition	00/0
STREET ADDRESS 53	Onzalez, Yovany 86 Palm Ridge Rd. Eray Bch Fl,33484			E ET ADDRESS -ST-ZIP	, · · ,					E024 (40
	LIGHT DOTT L. WOTOT		-			······································				70
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STREET ADDRESS			STREE	ET ADDRESS						-
CITY-ST-ZIP			CITY-	ST-ZIP						
12. Thereby certif	v that the information supplied with	this filing does not qualify for	the exer	notion stated in Se	etion 1	19 07(3)(i) Florida Statutes, Lfu	rther certif	v that the i	information	1

indicated on this report or supplied with this militing does not quality 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:** 

Daytime Phone #