
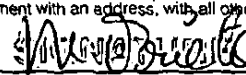


FILED
Aug 20, 2003 8:00 am
Secretary of State

07-24-2003 90118 002 ***150.00

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

DOCUMENT # P02000054424			
1. Entity Name TIRES PRO - SHOP, INC.			
Principal Place of Business 347 WEST 21 STREET HIALEAH FL 33010		Mailing Address 347 WEST 21 STREET HIALEAH FL 33010	
2. Principal Place of Business SAME AS ABOVE		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		4. FEI Number 74-3044326	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PEREZ, RAFAEL J 618 EAST 20TH STREET HIALEAH FL 33013		7. Name and Address of New Registered Agent Name: N/A 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____			
FILE NOW!!! FEE IS \$550.00 After September 10, 2003 Fee will be \$750.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PEREZ, RAFAEL J 618 ESAT 20TH STREET HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PRIETO, MARIA E 618 ESAT 20TH STREET HIALEAH FL 33013 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  REQUIRED		7/18/03	305-613-3010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

CR2E034 (4/03)

8/11/03

Attachment

TO WHOM IT MAY CONCERN:

55054573
(RE: PD2000054424)
Tires Pro-Shop, Inc.

AS PER TELEPHONE CONVERSATION WITH A CUSTOMER SERVICE REP. IN THE DIVISION OF CORPS 850-245-6056 EXT 4, PLEASE ACCEPT THIS LETTER IN PLACE OF THE FIRST LETTER ADVISING YOUR OFFICE THAT THE 1ST NOTICE TO FILE U.B. REPORT WAS NOT RECEIVED.

A LETTER OF NON-RECEIPT WAS SENT WITH THE CHECK FOR \$150.00 AND REPORT.

AS I UNDERSTAND CORRECTLY, THE REPORT & THE CHECK WERE RECEIVED, BUT NOT THE LETTER.

THANK YOU IN ADVANCE FOR ^{YOUR} ASSISTANCE IN THIS MATTER.

Respectfully,

M. Prieto, Vice President
Tires Pro-Shop, Inc.