

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2003 8:00 am
Secretary of State

03-12-2003 90138 040 ***150.00

DOCUMENT # P02000057699

1. Entity Name
BJ RETREADER TIRES INC.



Principal Place of Business
**7613 W 34 COURT
HIALEAH FL 33018**

Mailing Address
**7613 W 34 COURT
HIALEAH FL 33018**

2. Principal Place of Business

9000 NW 97 TERR

3. Mailing Address

9000 NW 97 TERRACE

Suite, Apt. #, etc.

Box # 2

Suite, Apt. #, etc.

Box #2

City & State

MEDLEY FLORIDA

City & State

MEDLEY FL

Zip

33178

Country

Zip

33178

Country

U.S.A.

4. FEI Number

03-0457159

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BITRON, LORENZO
7907 NW 68 AVE
TAMARAC FL 33321**

7. Name and Address of New Registered Agent

Name **BITRON, LORENZO**

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

7740 NW 50th ST #203

City **LAUDERHILL**

FL

Zip Code **33351**

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 **BITRON, LORENZO BITRON PRESIDENT**

03/06/03

Signatures, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **BITRON, LORENZO**
CITY-ST-ZIP **7907 NW 68 AVE
TAMARAC FL 33321**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **JACOME, JORGE I**
CITY-ST-ZIP **7613 W 34 COURT
HIALEAH FL 33018**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **PRESIDENT**
STREET ADDRESS **LORENZO BITRON**
CITY-ST-ZIP **7740 NW 50th ST APT. 203
LAUDERHILL FL 33351**

TITLE ☒ Change ☐ Addition
NAME **SECRETARY**
STREET ADDRESS **JACOME, JORGE I**
CITY-ST-ZIP **7613 W 34 CT 11
HIALEAH FL 33018**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **NELSON E JACOME**
CITY-ST-ZIP **2925 W 66 ST BUILDING 22 APT 21
HIALEAH FL 33018**

TITLE ☐ Change ☒ Addition
NAME **DIRECTOR**
STREET ADDRESS **BITRON, ADELINA**
CITY-ST-ZIP **213 W 224 PLACE
CARSON CA. 90745**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **BITRON, LORENZO BITRON** **3/06/03** **786-255-6363**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)