## FILED Apr 23, 2003 8:00 am

**2003 FOR PROFIT CORPORATION** 

UN	IFORM BUSINE	SS REPOR	3 <u>T (</u> (	JBR) _	' Secretary of State	
DOCU	CUMENT # P02000064547 04-10-2003 90122 003 ***150.00 by Name					
HECTOR TIRE SERVICE, INC.						
ĺ			V			
	ce of Business	Mailing Address				
11351 SW 151 SLITE 308	T ST.	11351 SW 1ST ST. SUITE 308				
MEAMI FL 331	74	MIAMI FL 33174			Í I TADHADA HI BONA HAN ANN ANN ANN ANN ANN ANN ANN ANN A	
2. Principal Place of Business 1 3. Mailing Address 11351 SW			15	F		
			30	8	☐ CHECK HERE IF MAKING CHANGES	
TOVIC	"Lur Fla 33174	Wilder P	Fla	33174	4. FEI Number Applied For Not Applied For Not Applicable	
Zip	Country	Zip	Coan	7	5. Certificate of Status Desired S8.75 Additional Fee Required	
	6: Name and Address of Current F	legistered Agent ~			7. Name and Address of New Registered Agent'	
VAI DEC.	VALDES, HECTOR M  Street Address (P.O. Box Number is Not Acceptable)					
Street Address (P.O. Box Number is Not Acceptable)						
SUITE 308						
MIAMI FL	33174 (1) (3)	·		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 Signature, typod or printed name of registared agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
F	ILE NOW!!! FEE IS \$150.00	į			9. Election Campaign Financing \$5.00 May Be	
	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State			9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees	
10: \	OFFICERS AND D		11.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME	P  VALDES, HECTOR M	☐ Delete	TITLE	1	☐ Change ☐ Addition   §	
STREET ADDRESS	11351 SW 1ST ST., SUITE 308			ET ADDRESS	Change Addition	
CITY-ST-ZIP	MIAMI FL 33174	·		ST-ZIP		
TITLE NAME		☐ Delete	TITLE	i	Change Addition	
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP	<del></del>	Delete	TITLE	ST-ZIP	☐ Change ☐ Addition	
NAME		الما المنظمة ا	NAME	~ 4	C Charles C Automoti	
STREET ADDRESS CITY-ST-ZIP		•		T ADDRESS ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS			NAME	T ADDRESS		
CITY-ST-ZIP			•	ST-ZIP		
ME		☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS			NAME STREE	T ADDRESS	ļ	
CITY-ST-ZIP			CITY-	ST-ZIP		
TITLE NAME		Delete	TITLE Name		Change Addition	
STREET ADDRESS			STREE	T ADDRESS	(	
CITY-ST-ZIP	earlifu that the information expedient with the	his filing does not qualify.		ST-ZIP	Sign 110 (7//3/i) Elevida Statutas I fudba antifu that the information	
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.						
	1000/15	i nee				