## 2003 FOR PROFIT CORPORATION



FILED Mar 17, 2003 8:00 am \{ \}

DOCUMENT # P0200066590  1. Entity Name TUTY'S TIRES, CORP.							Secretary of State 03-17-2003 91055 005 ***150.00					
Principal Place of Business 3699 NW 54 STREET HIALEAH FL 33142				Mailing Address 3699 NW 54 STREET HIALEAH FL 33142								
2. Principal Place of Business			3. Mai	3. Mailing Address								
Suite, Apt. #, etc.			Suit	Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES					
City & Sta	ate		City	City & State			4. FEI Number Applied For Not Applicable					
Zip	<u> </u>		Zip			Country		5. Certificate of Status Desired S8.75 Additional Fee Required				
<u> </u>	6. Name	and Address of Curr	ent Registere	ed Agent			7. Na	me and Address of New	Registered	d Agent		┑
					Na	Name						].
RODRIGUEZ, BORIS 3699 NW 54 STREET					Str	Street Address (P.O. Box Number is Not Acceptable)						1
HIALEAH	FL 33142				ł						- H.A.	7
						City FL Zip Code						1
the obliga	Signature, typed	or printed name of registered a				signature required			DATE	n familiar with,	and accept	
Afte	er May 1, 200	! FEĘ IS \$150.00 3 Feë will be \$550. Florida Departmen	t of State					Election Campaign F     Trust Fund Contributi	•		May Be to Fees	
10.	I	OFFICERS A	ND DIRECTO	RS	11.		ADDI	TIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUE 3699 NW 5 HIALEAH F	4 STREET		□ Delete	TITLE NAME STREET ADDR	1		:		☐ Change	☐ Addition	034 (40/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP					☐ Change	Addition	CBS
TITLE NAME				☐ Delete	TITLE					Change	Addition	1_
STREET ADDRESS CITY-ST-ZIP					STREET ADDR						·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		_		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS				☐ Change	☐ Addition	1
TITLE NAME STREET ADDRESS				☐ Delete	TITLE NAME STREET ADDR	ESS				☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Defete

US KODRIGUEZ

Change

☐ Addition