

2004 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000082872

1. Entity Name

AFFORDable Tire Service, Inc

FILED

04 APR 22 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

SAME

18115 NW 83 AVE
Hialeah Fla 33015

2. Principal Place of Business

3. Mailing Address

18115 NW 83 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Hialeah Florida

4. FEI Number

55-0789103

Applied For

Not Applicable

Zip

Country

Zip

Country

33015

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Leonardo CASTRO
18115 NW 83 AVE
Hialeah FLA 33015

Name

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

4/13/04

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
Leonardo CASTRO
18115 NW 83 AVE
Hialeah FLA 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400033724284
04/23/04--01025--010 **150.00

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VSP
Leonel Castro
18115 NW 83 AVE
Hialeah FLA 33015

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/13/04 786-255-2326

Date

Daytime Phone #

CR2E034 (9/99)