

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

FILED
Jan 09, 2003 8:00 am
Secretary of State

01-09-2003 90047 030 ***150.00

DOCUMENT # P02000122037



1. Entity Name
KROME AUTO AND TIRE, INC.

Principal Place of Business
**226 SOUTH KROME AVENUE
HOMESTEAD FL 33033
US**

Mailing Address
**226 SOUTH KROME AVENUE
HOMESTEAD FL 33033
US**



2. Principal Place of Business
226 S. KROME AVE
Suite, Apt. #; etc.

3. Mailing Address
226 S. KROME AVE
Suite, Apt. #; etc.

CHECK HERE IF MAKING CHANGES

City & State
HOMESTEAD FLORIDA

City & State
HOMESTEAD FLORIDA

4. FEI Number
650408049

Applied For
Not Applicable

Zip
33030

Country
DADE

Zip
33030

Country
DADE

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, ROBERT A
226 SOUTH KROME AVENUE
HOMESTEAD FL 33033**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Robert A. Hernandez*

01-7-03

Signature, 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** Delete
NAME **ROBERT A. HERNANDEZ**
STREET ADDRESS **226 S. KROME AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE **TREASURER** Delete
NAME **ROBERT A. HERNANDEZ**
STREET ADDRESS **226 S. KROME AVE**
CITY-ST-ZIP **HOMESTEAD FL 33030**

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

TITLE **SEC** Delete
NAME **ROBERTO HERNANDEZ**
STREET ADDRESS **15720 S.W. 297 ST**
CITY-ST-ZIP **HOMESTEAD FL 33033**

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME Change Addition
STREET ADDRESS Change Addition
CITY-ST-ZIP Change 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: *ROBERTO HERNANDEZ*

01-7-03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)