

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90062 033 ***150.00

DOCUMENT # **P92000008477**



1. Entity Name
M & L TIRE SERVICE, INC.

Principal Place of Business
**13199 NW 107 AVE
BAY 10
HIALEAH FL 33016
US**

Mailing Address
**933 HARDEE ROAD
CORAL GABLES FL 33146
US**



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip

3. Mailing Address
13199 NW 107 AVE.
Suite, Apt. #, etc.
Bay + 10
City & State
HLH Gardens M
Zip
33018
Country
USA

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0393899**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**BAHAMON, NUBIA
14360 LAKE CANDLEWOOD CT
MIAMI LAKES FL 33016**

7. Name and Address of New Registered Agent
Name **MAURICIO ECHAVARRIA**
Street Address (P.O. Box Number is Not Acceptable)
**16041 E THOON CIRCLE
MIAMI LAKES M**
City **FL** Zip Code **33014**

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 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 NAME STREET ADDRESS CITY-ST-ZIP	P BAHAMON, NUBIA 933 HARDEE RD MIAMI FL 33146 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ECHAVARRIA, MAURICIO 10641 E THOON CIRCLE HIALEAH FL 33014 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. 933 Hardee Rd Coral Gables M. 33146 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NUBIA GOTTIAD
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mauricio Echavarría <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Miami Lakes 16041 E Thoon Circle 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 empowerments.

SIGNATURE:
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **4-26-03** Daytime Phone # **305 821 0666**

CR2E034 (10/02)