FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATUR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 01, 2001 8:00 am Secretary of State DOCUMENT # **P93000041151** 1. Entity Name INTERCITY TIRE EXPORT CORP. 05-01-2001 90077 018 ***150.00 Principal Place of Business Mailing Address % STANLEY GINSBERG % STANLEY GINSBERG 5975 N.W. 82 AVENUE 5975 N.W. 82 AVENUE 60043733 MIAMI FL 33166 MIAMI FL 33166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0410013 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GINSBERG, STANLEY Street Address (P.O. Box Number is Not Acceptable) 5975 N.W. 82 AVENUE **MIAMI FL 33166** Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition Change TITLE Delete TITLE NAME GINSBERG, STANLEY NAME STREET ADDRESS STREET ADDRESS 5975 N.W. 82 AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change TITLE Delete TITLE GINSBERG, DAVID NAME NAME STREET ADORESS STREET ADDRESS 5975 N.W. 82 AVE. CITY-ST-7IP CITY-ST-7IP <u>miami fl</u> ☐ Change Addition TITLE Delete TITL F NAME NAME HANNAN, LAUREN STREET ADDRESS STREET ADDRESS 788 LAKE BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the inform 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 su of the corporation or the rece changed, or on an attaching s 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 overed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered.