

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 27, 2000 8:00 am**  
**Secretary of State**

01-27-2000 90010 047 \*\*\*150.00

**DOCUMENT # P94000016551**

1. Entity Name  
**PAUL'S TIRE SALES & SERVICES, INC.**

Principal Place of Business      Mailing Address  
**3000 NW 163RD STREET**      **3000 NW 163RD STREET**  
**MIAMI FL 33054**      **MIAMI FL 33054-6416**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**65-0468533**      Not Applicable

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**

**BROOKS, PAUL**  
**3000 NW 163RD STREET**  
**MIAMI FL 33054**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      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                 | <b>D</b><br><b>BROOKS, PAUL</b> <input type="checkbox"/> Delete   | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | <b>3000 NW 163RD STREET</b><br><b>MIAMI FL 33054</b>              | STREET ADDRESS CITY-ST-ZIP                            |   |
| TITLE NAME                 | <b>D</b><br><b>BROOKS, ARLENE</b> <input type="checkbox"/> Delete | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP | <b>3000 NW 163RD STREET</b><br><b>MIAMI FL 33054</b>              | STREET ADDRESS CITY-ST-ZIP                            |   |
| TITLE NAME                 | <input type="checkbox"/> Delete                                   | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP |   | STREET ADDRESS CITY-ST-ZIP                            |   |
| TITLE NAME                 | <input type="checkbox"/> Delete                                   | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP |   | STREET ADDRESS CITY-ST-ZIP                            |   |
| TITLE NAME                 | <input type="checkbox"/> Delete                                   | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP |   | STREET ADDRESS CITY-ST-ZIP                            |   |
| TITLE NAME                 | <input type="checkbox"/> Delete                                   | TITLE NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS CITY-ST-ZIP |   | STREET ADDRESS CITY-ST-ZIP                            |   |

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

01-18-00      305 623-2910  
 Date      Daytime Phone #

CR2E034 (9/99)