

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 15, 2003 8:00 am
Secretary of State

04-15-2003 90088 005 ***150.00

DOCUMENT # P95000016523

1. Entity Name
OKEECHOBEE TIRE SERVICE & REPAIRS, INC.



Principal Place of Business
637 E. OKEECHOBEE ROAD
HIALEAH FL 33010

Mailing Address
637 E. OKEECHOBEE ROAD
HIALEAH FL 33010

2. Principal Place of Business

Okeechobee Tire Service & Repairs, Inc. 633 E Okeechobee RD.

3. Mailing Address

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

Hialeah FL

4. FEI Number **65-0560841**

Applied For
Not Applicable

Zip

Country

33010

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

REYES, ANGEL
637 E. OKEECHOBEE ROAD
HIALEAH FL 33010

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 _____ 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 ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PTD	<input type="checkbox"/> Delete
NAME	REYES, ANGEL	
STREET ADDRESS	637 E. OKEECHOBEE ROAD	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE	VS	<input type="checkbox"/> Delete
NAME	REYES, NORMA	
STREET ADDRESS	633 E. OKEECHOBEE ROAD	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Norma Reyes* **4/8/03** **305-884-4747**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)