2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039031

	CONTINENTAL	TRACTOR, INC.				
Principal Place of Business N.W. 61ST STREET FL 33166			Mailing Address 8530 N.W. 61ST STREET MIAMI FL 33166 US	- <u>-</u> .		
2.	Principal Place of B	usiness	3. Malling Address		_	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.			
-	City & State		City & State			
	Zip	Country	Zip	Country		

FILED May 04, 2000 8:00 am Secretary of State 05-04-2000 90127 024 ***150.00



Principal Pl	ace of Business	3. Mailing Address						
Suite, Apt. 4	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc. City & State		DO NOT WRITE IN THIS SPACE			
City & State)	City & State			4. FEI Number 65-0588029 Applied For Not Applicable			
Zip Country		Zip	Countr	гу	5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent			
GUILLERMO, CASTILLO 8530 N.W. 61ST STREET				Name Street Address (P.O. Box Number is Not Acceptable)				
MIAM	FL 33166			City	FL Zip Code			
. This corpo Tax filing re	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	e - FILE NO)W!!!_FEE , 2000 Fee \	IS \$150.00 ~ will be \$550.00	1 103(1010 001(11001011 - 1000			
1.	OFFICERS AND		12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TLE AME TREET ADDRESS TY-ST-ZIP	PD CASTILLO, GUILLERMO 8530 N.W. 61ST STREET MIAMI FL 33166	☐ Delete		ſ	☐ Change ☐ Addition			
TLE AME TREET ADDRESS TY-ST-ZIP	THIS WILL I E GO TOO	☐ Delete		l	☐ Change ☐ Addition			
TLE AME Freet Address ITY-ST-ZIP		☐ Delete			☐ Change ☐ Addition			
ITLE AME TREET ADDRESS ITY-ST-ZIP		☐ Delete	1	Į.	☐ Change ☐ Addition			
TLE AME TREET ADDRESS		☐ Delete	TITLE NAME STREE		☐ Change ☐ Addition			
TY - ST - ZIP CITY TLE □ Delete TITL		-ST-ZIP	. Change Addition					
AME TREET ADDRESS ITY-ST-ZIP			STREE CITY-	ET ADDRESS -ST-ZIP	Section 119.07(3)(i). Florida Statutes, I further certify that the information			

I nereby certify that the information supplied with this filling 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 was an address, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR