

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000039031

1. Entity Name
CONTINENTAL TRACTOR, INC.



FILED

03 AUG -8 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
8530 N.W. 61ST STREET
MIAMI, FL 33166 US

Mailing Address
8530 N.W. 61ST STREET
MIAMI, FL 33166 US

2. Principal Place of Business
8319 NW 66 Street
Suite, Apt. #, etc.

3. Mailing Address
8319 NW 66 Street
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

Zip Country
33166 USA

Zip Country
33166 USA

4. FEI Number
65-0588029

Applied For
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

GUILLERMO, CASTILLO
8530 N.W. 61ST STREET
MIAMI, FL 33166

Name
Guillermo Castillo
Street Address (P.O. Box Number is Not Acceptable)
8319 NW 66 Street

City Miami FL Zip Code 33166

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, the registered agent.

SIGNATURE

Signature of the current registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

DATE

8/4/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME CASTILLO, GUILLERMO
STREET ADDRESS 8530 N.W. 61ST STREET
CITY-ST-ZIP MIAMI, FL 33166 ☒ Delete

TITLE PD
NAME Castillo, Guillermo
STREET ADDRESS 8319 NW 66 Street
CITY-ST-ZIP Miami, FL 33166 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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 empowered.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/03

(305) 477-3172

Case

Daytime Phone #

CR2E034 (10/02)