## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Feb 08, 2001 8:00 am DOCUMENT # P95000062288 **Secretary of State** SOUTHERN TIRE & AUTO CENTER, INC. 02-08-2001 90062 032 \*\*\*150.00 Principal Place of Business Mailing Address 1640 NE 205TH TERRACE 1640 NE 205TH TERRACE NORTH MIAMI BEACH FL 33179 NORTH MIAMI BEACH FL 33179 C0019419 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 65-0601959 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GRAND, MARK S ESQ. Street Address (P.O. Box Number is Not Acceptable) 3440 HOLLYWOOD BLVD. SUITE 450 HOLLYWOOD FL 33021 City 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 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) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Addition CR2E034 (10/00) BISHOP, WILLIAM R NAME NAME STREET ADDRESS % 1640 NE 205TH TERRACE STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH FL 33179 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition BISHOP, DAWNE M NAME NAME STREET ADDRESS % 1640 NE 205TH TERRACE STREET ADDRESS CITY ST. 789 -NORTH MIAMI BEACH FL 33179 CITY-ST-7/P-TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Illiam R Bishop 2/s