

FILED
Mar 11, 2002 8:00 am
Secretary of State

03-11-2002 90088 034 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

2002

DOCUMENT # P95000073577
 1. Entity Name
PAULINO TIRE CENTER, INC.

DO NOT WRITE IN THIS SPACE

420267

2. Principal Place of Business <u>3072 NW 79 STREET</u> Suite, Apt. #, etc.		3. Mailing Address <u>Same.</u> Suite, Apt. #, etc.		4. FEI Number <u>65-0609116</u>		Applied For <input type="checkbox"/> Not Applicable	
City & State <u>MIAMI FLORIDA</u>		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip <u>33147</u>	Country <u>USA</u>	Zip	Country				

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7. Name and Address of Current Registered Agent

Name PAULINO GARCIA

Street Address (P.O. Box Number is Not Acceptable)
7600 NW 27 AVE LOT 44

City MIAMI FL Zip Code 33147

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) <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$350.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D PAULINO GARCIA 7600 NW 27 AVE LOT 44 MIAMI FLA 33147</u>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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 recipient trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address for all other like empowered.

SIGNATURE: [Signature] 2-21-02 305-887-4185
 _____ Date Daytime Phone #

CR2E034B (12/01)