2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000074785 1. Entity Name ALL INDUSTRIAL TIRE, INC.					FILED Feb 10, 2000 8:00 am Secretary of State 02-10-2000 90058 003 ***150.00		
		Mailing Address 4507 TYLER ST.	-		2 10 2000 90020 00.	5 150.	
HIALEAH FL 33 US	013	hollywood hills fl 3 Us	13021-6630				
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	65-0611408		oplied For
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Ad	
	6. Name and Address of Curren	Registered Agent		7. Name and Ad	dress of New Registered	Fee Require	<u> </u>
		~*************************************	Name z	egyan ara u			मण्डले भेव
VAZQUEZ, ALDO L JR. 4507 TYLER ST. HOLLYWOOD HILLS FL 33021			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
			City			Zip Cod	
9 The shows	named entity submits this statement f					•	
Tax filing requirement and elects to do so. After MAY 1, 2000 I (See criteria on back) Make Check Payable t			VIII FEE IS \$150.00 2000 Fee will be \$550.0 able to Department of S		n Campaign Financing und Contribution.	\$5.0 Addec	0 May Be to Fees
11.	OFFICERS AND		12,	ADDITIONS/CH.	ANGES TO OFFICERS AND		
TITLE NAME STREET ADDRESS	VAZQUEZ, JR., ALDO L 4507 TYLER ST.	Delete	TITLE NAME STREET ADDRESS			🗌 Change	Addition
CITY-ST-ZIP	HOLLYWOOD HILLS FL 33021		CITY-ST-ZIP				
TITLE NAME STREET ADDRESS	GARRICK, EARL T 321 ATANDO AVE	Delete	TITLE NAME STREET ADDRESS	4		Change []	Addition
CITY-ST-ZIP	CHARLOTTE NC 28206	·	CITY-ST-ZIP	·			
TITLE NAME STREET ADDRESS	ىيە مەي مىسەت. رىز		TITLE NAME STREET ADDRESS			Change	Addition
CITY-ST-ZIP TITLE		Delete	CITY-ST-ZIP		- <u>-</u>	Change	Addition
NAME STREET ADDRESS CITY - ST- ZIP			NAME STREET ADDRESS CITY - ST - ZIP				
TITLE VAME		Delete	TITLE			Change	Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
ITLE	2. 2. 4	Delete	TITLE			Change	Addition
STREET ADDRESS	:		STREET ADDRESS CITY-ST-ZIP		<u> </u>		
of the corp	ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emp- or on an attachment with an address,	s true and accurate and that owered to execute this repor	my signature shall have the	e same lenal effect as	if made under oath: that La	m an officer.	or director
	URE:	12772 - 92 1 697 - 55	Start K	101	1 000	cit de	Labla

÷