## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 79600035443

1. Entity Name

RUBBER DYNAMICS, INCORPORATED



## **FILED** Apr 23, 2003 8:00 am Secretary of State

04-23-2003 90172 048 \*\*\*150.00

## DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address 8265 NW 56 ST 8265 NW 565T

11009653

Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE	
City & State MI かい とい		HIAM (		4. FEI Number 65-0737843	Applied For Not Applicable	
33166	Country USA	33166	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
DO NOT WRITE			7. Name and Address of Current Registered Agent			
			Name SAI	Name SANT ADANLON Street Address (P.O. Box Number is Not Acceptable)  E265 NW 56 51		
			Street Addres			
	IN THIS SI	PACE				
			City HIAH	n Fc. F	L Zin Code	
	•	or the purpose of changing	its registered office or regis	tered agent, or both, in the State of Florida. I ar	m familiar with, and accept	
the obligation	s of registered agent.					
SIGNATURE	South Trace	0G·			19.03	
	nature, typed or printed name of registered agen	t and title if applicable. (N	OTE: Registered Agent signature requi	ired when reinstating) DATI		
A	ary 1 - May 1 Fee is \$150.00 fer May 1, Fee is \$550.00 Amended UBR is \$61.25 ayable to Florida Department o	f State		Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
16.	OFFICERS AND	Landing Charles Controlled the Control	KELIK MUTU TUKSA	である。とは、というでは、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、は、	1 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
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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 on an attachment with an address, with all other like empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

TITLE

NAME

AME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/02)