

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90074 042 ***150.00

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1. Entity Name
TIRE DISTRIBUTOR INC., USA



Principal Place of Business
**11801 NW 101 RD #5
MIAMI FL 33178
US**

Mailing Address
**11801 NW 101 RD #5
MIAMI FL 33178
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0680700**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**KUKER, HOWARD L
508 DADELAND TOWERS N
9200 S DADELAND BLVD
MIAMI FL 33156**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

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 _____
NAME **PTD MCDONOUGH, CHRISTOPHER** Delete
STREET ADDRESS **2200 NW 92 AVE.**
CITY-ST-ZIP **MIAMI FL**

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

TITLE _____
NAME **S LUGIOYO, RAFAEL L** Delete
STREET ADDRESS **2200 NW 92ND AVE**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

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

TITLE _____
NAME _____ Delete
STREET ADDRESS _____
CITY-ST-ZIP _____

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

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-03 (305) 887-8876
Date Daytime Phone #

CR2E034 (10/02)