

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 10, 2003 8:00 am
Secretary of State

02-10-2003 90218 011 ***150.00

DOCUMENT # P96000062160

1. Entity Name
STAR TIRE SERVICE, INC.



Principal Place of Business
9325 W OKEECHOBEE RD
BAY #2
HIALEAH GAREDNS FL 33018

Mailing Address
9325 W OKEECHOBEE RD
BAY #2
HIALEAH GAREDNS FL 33018



2. Principal Place of Business

11115 W. Okeechobee Rd

Suite, Apt. #, etc.

BAY #9

City & State
Hialeah Gardens Florida

Zip
33018

Country
Dade

3. Mailing Address

11115 W. Okeechobee Rd

Suite, Apt. #, etc.

BAY #9

City & State
Hialeah Gardens Florida

Zip
33018

Country
Dade

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 65-0685975

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ALMEIDA, REBECA C ESQ
7600 W 20TH AVENUE
SUITE 222
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name Luis Santa Maria

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

11115 W. Okeechobee Rd BAY #9

City Hialeah Gardens

FL

Zip Code 33018

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]*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01/16/03

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

TITLE D
NAME MARIA, LUIS SANTA
STREET ADDRESS 9325 W OKEECHOBEE RD BAY #2
CITY-ST-ZIP HIALEAH GAREDNS FL 33018 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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CITY-ST-ZIP ☐ Change ☐ Addition

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

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]* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/16/03 (305) 231 8244
Date Daytime Phone #

CR2E034 (10/02)