

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000010315

1. Entity Name
KENWIN'S TIRE CENTER, INC.

FILED
May 17, 2001 8:00 am
Secretary of State

05-17-2001 90405 031 ***150.00

Principal Place of Business
**11509 N.W. 27TH AVENUE
MIAMI FL 33167
US**

Mailing Address
**11509 N.W. 27TH AVENUE
MIAMI FL 33167**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0252640**

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

**SEEPERSAD, KEVIN
11509 NW 27TH AVENUE
MIAMI FL 33167**

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (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) ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	SEEPERSAD, KEVIN	
STREET ADDRESS	11509 NW 27TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kevin Seepersad*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/8/01
Date

Daytime Phone #

CR2E034 (10/00)

MAY 8, 2001


DIVISION OF CORPORATIONS
P.O. Box 1500
TALLAHASSEE, FL 32302

~~PG~~ # 8505720
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TO WHOM IT MAY CONCERN:

I AM REQUESTING THAT YOU WAIVE THE EXTRA FEE
FOR THE RENEWAL. THE REASON IS UNFORTUNATELY I
HAD A VERY SERIOUS ACCIDENT AT THE END OF 2000, AND
I HAD A LONG PERIOD OF RECOVERY (THRU APRIL). MY
MAIL AND OTHER RESPONSIBILITIES WERE HANDLING BY
SOMEONE WHO MISPLACED THIS DOCUMENT AND OTHERS.

I AM SENDING YOU THE \$150.00 AND HOPING THAT
THIS IS ACCEPTABLE. THANKING YOU IN ADVANCE FOR
YOUR HELP IN THIS MATTER.

Sincerely,
x 
KEVIN SEEPERSAD.