

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90054 026 ***150.00

DOCUMENT # P97000018639

1. Entity Name
WEST KENDALL TIRE & SERVICE CENTER, INC.



Principal Place of Business
**10880 SW 104TH ST
MIAMI FL 33176
US**

Mailing Address
**10880 SW 104TH ST
MIAMI FL 33176
US**

20018025



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State

City & State

4. FEI Number **65-0736355**

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

**FERNANDEZ, HUMBERTO
17167 SW 144 COURT
MIAMI FL 33177**

Name

HUMBERTO FERNANDEZ

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

12520 SW 85T

City

MIAMI

FL

Zip Code

33184

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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/10/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **FERNANDEZ, HUMBERTO**
STREET ADDRESS **10880 SW 104TH ST**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☒ Change ☐ Addition
NAME **Fernandez Humberto**
STREET ADDRESS **12520 SW 85T**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE **VP** ☐ Delete
NAME **FERNANDEZ, ROBERTO**
STREET ADDRESS **10880 SW 104TH STREET**
CITY-ST-ZIP **MIAMI FL 33177**

TITLE **D** ☒ Change ☐ Addition
NAME **Fernandez Roberto**
STREET ADDRESS **12520 SW 85T**
CITY-ST-ZIP **MIAMI FL 33184**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Change ☐ Addition
NAME
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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/10/03 305-3746652

CR2E034 (10/02)