

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90140 027 ***150.00



DOCUMENT # P97000025408

1. Entity Name
QUALITY TIRE INTERNATIONAL, INC.

Principal Place of Business
**12575 ORANGE DRIVE
SUITE 301
DAVIE FL 33330**

Mailing Address
**12575 ORANGE DRIVE
SUITE 301
DAVIE FL 33330**

2. Principal Place of Business
12575 ORANGE DR

3. Mailing Address
12575 ORANGE DR

Suite, Apt. #, etc.
301

Suite, Apt. #, etc.
301

City & State
DAVIE FL

City & State
DAVIE FL

Zip Country
33330 US

Zip Country
33330 US



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0754810**

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BENEDETTI, MIGUEL
6695 NW 36 AVENUE
MIAMI FL 33147**

7. Name and Address of New Registered Agent

Name **MIGUEL BENEDETTI**

Street Address (P.O. Box Number is Not Acceptable)
12575 ORANGE DRIVE

SUITE 301

City **DAVIE**

FL Zip Code
33330

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	PDVS	<input type="checkbox"/> Delete
NAME	BENEDETTI, MIGUEL A	
STREET ADDRESS	6695 NW 36 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

01-16-03

Date

Daytime Phone #

CR2E034 (10/02)