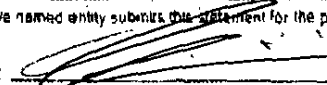
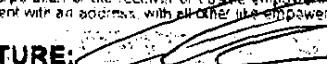


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90164 027 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # <u>197000030250</u>			
1. Entity Name <u>TOTAL TIRE SERVICE INC</u> ✓			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business <u>905 BROWARD BLVD</u>		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <u>FT. LAUDERDALE FL</u>		City & State	
Zip <u>33311</u>	Country	Zip	Country
4. FET Number <u>65-0749170</u>		Applied for ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
DO NOT WRITE IN THIS SPACE			
7. Name and Address of Current Registered Agent			
Name <u>CLAUDIO A. GALLICHINI</u>			
Street Address (P.O. Box Number is not acceptable) <u>1800 SW 34 AVE</u>			
City <u>FT. LAUD.</u>		FL	Zip Code <u>33311</u>
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 		DATE <u>04-29-03</u>	
NOTE: Registered Agent signature required with filing.		DATE	
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<u>DP</u> <u>GALLICHINI, CLAUDIO A</u> <u>1800 SW 34 AVE</u> <u>FT. LAUD. FL 33312</u>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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DO NOT WRITE IN THIS SPACE			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 190.713(1), 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 on an attachment with an address, with all other title empowered.			
SIGNATURE: 		DATE <u>04-29-03</u> (941) 522-7218	
NOTE: Signature and typed or printed name of signing officer or director.			

CP-2004B (12-01)