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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 # P97000030250

1. Entity Name

TOTAL TIRE SERVICE INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
905 BROWARD BLVD
Suite, Apt. #, etc.
City & State
FT. LAUDERDALE FL
Zip 33311 Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0749170 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 CLAUDIO A. GALLICHINI
Street Address (P.O. Box Number is Not Acceptable)
1800 SW 34 AVE
City FT. LAUD. FL Zip Code 33311

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] 04-29-03
Signature, typed or printed name of registered agent and the date as required. (NOTE: Registered Agent signature required and must be dated.) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. ☐
(See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $306.25
Amended UBR is $61.25
Make Checks Payable to Department of State

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	DP GALLICHINI, CLAUDIO A 1800 SW 34 AVE FT. LAUD. FL 33312
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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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 04-29-03 (954) 522-7219
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone Number

COR 1548 (12/01)