2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000045313 Jan 12, 2000 8:00 am **Secretary of State** TIRES-R-US, INC. 01-12-2000 90099 030 ***150.00 Mailing Address Principal Place of Business 6215 HOLLYWOOD; BLV: _ 6215 HOLLYWOOD BLV HOLLYWOOD FL 33024 HOLLYWOOD FL 33024-7809 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0766186 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent iose A.Zapata. ZAPATA, JOSE Street Address (P.O. Box Number is Not Acceptable) 13524 NW 5 CT aand st PLANTATION FL 33325 stered agent, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered of FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS'AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE , Delete TITLE NAME: > ZAPATA, JOSE A NAME STREET ADDRESS STREET ADDRESS 13524 NW 5 CT CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33325 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with t indicated on this report or supplemental report is of the corporation or the receiver or trustee empore changed, or on an attachment with an address. Daytime Phone # SIGNATURE AND TYPED O SIGNING OFFICES OR DIRECTOR