

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 03, 2001 8:00 am
Secretary of State**

04-03-2001 90046 007 ***150.00

DOCUMENT # P97000050583

1. Entity Name

RICHARD TIRE SERVICES, INC.

Principal Place of Business

**2853 WEST OKEECHOBEE ROAD
HIALEAH FL 33010**

Mailing Address

**2853 WEST OKEECHOBEE ROAD
HIALEAH FL 33010**

2. Principal Place of Business

3. Mailing Address

630 W 23 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah, Florida

Zip

Country

33010**DA DE**4. FEI Number **65-0761810**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

AU041494**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****GARAY, REINA AF.
630 WEST 23RD STREET
HIALEAH FL 33010**Name **Richard J. Garay**

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

630 W 23 STCity **Hialeah****FL**Zip Code **33010**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3-15-01

9. This corporation is eligible to satisfy its Intangible

tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GARAY, RICHARD J 630 WEST 23RD STREET HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GARAY, REINA AF. J 630 WEST 23RD STREET HIALEAH FL 33010	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-15-01 (305) 698-0902

CR2E034 (10/00)