

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000092651

1. Entity Name

ULISES TIRES AND AUTO REPAIRS, INC.

f

**FILED**  
**Jul 31, 2000 8:00 am**  
**Secretary of State**

07-31-2000 90007 018 \*\*\*150.00

Principal Place of Business

15 BEACON BOULEVARD  
MIAMI FL 33135

Mailing Address

15 BEACON BOULEVARD  
MIAMI FL 33135

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0528274

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ULISES  
15 BEACON BOULEVARD  
MIAMI FL 33135

Name

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

City

FL

Zip Code

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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  
PSD  
GONZALEZ, ULISES  
270 N.W. 59TH COURT  
MIAMI FL 33126 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

Date

Daytime Phone #

CR2E034 (5/00)

Attachment

P47000042651

ABU70283

ULISES TIRES AND REPAIRS, INC.  
15 BEACON BOULEVARD  
MIAMI, FLORIDA 33135

July 19, 2000

FLORIDA DEPARTMENT OF STATE  
Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Dear Sir/Madam:


REF: 2000 UNIFORM BUSINESS  
REPORT

Enclosed please find Check# 310, payable to Department of State for the the amount of \$ 150.00. As I mentioned to one of your employees today, I did not receive the first notification indicating that our business reports was due on May 1, 2000.

~~I want your office to take in consideration that this is a~~  
small business owned and operated by myself, and for me some-  
times is impossible to keep track of all reports and forms due  
during the year.

Your consideration in this matter will be very appreciated.

Sincerely yours,

  
Ulises Gonzalez

UG/ug

Encl: (1) Check  
(1) Corporate File

cc: file