## 2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or fi changed, or on an attachment with

## Feb 20, 2002 8:00 am Secretary of State P98000025738 DOCUMENT # 1. Entity Name 02-20-2002 90012 005 \*\*\*150.00 UTC TIRES & RUBBER COMPANY Mailing Address Principal Place of Business 10617 NW 54 STREET 10617 NW 54 STREET B0028297 MIAMI FL 33178 MIAM1 FL 33178 2. Principal Place of Business 3.) Mailing Address 1003 XW3 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 65-0821383 Not Applicable וממוח Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ZELAYA, JOSE Street Address (P.O. Box Number is Not Acceptable) 10617 NW 54 STREET **MIAMI FL 33178** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be \*{\*\* Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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. 12. Addition CR2E034 (9/01 TITLE ☐ Change TITLE ☐ Delete ZELAYA, JOSE NAME NAME STREET ADDRESS 10617 NW 54 STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33178** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fly indicated on this report or supplemental peport is true at on does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

accorate 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

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