## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 06, 2000 8:00 am Secretary of State DOCUMENT # **P98000055098** MARTINO TIRE COMMERCIAL & RETREADING CO. 04-06-2000 90121 001 \*3,450.00 Principal Place of Business Mailing Address MTC MANAGEMENT COMPANY MTC MANAGEMENT COMPANY 13155 SW 132 AVE 13155 SW 132 AVE 101.0 MIAMI FL 33186-5878 MIAMI FL 33186 2. Principal Place of Business Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0844232 Not Applicable 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 Name KUKER, HOWARD L Street Address (P.O. Box Number is Not Acceptable) 9200 S DADELAND BLVD SUITE 508 MIAMI FL 33156 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. Addition TITLE ☐ Delete MARTINO, ANSELME NAME STREET ADDRESS MTC MANAGEMENT COMPANY, 13155 SW 132 AVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33186 Change Addition TITLE TITLE NAME MARTINO, SOLOMON NAME STREET ADDRESS MTC MANAGEMENT COMPANY, 13155 SW 132 AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** ☐ Addition TITLE Change ☐ Delete TITI F MARTINO, EDWARD E NAME MTC MANAGEMENT COMPANY, 13155 SW 132 AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33186 ☐ Addition ☐ Change ☐ Delete TITLE NAME 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-ZIP

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.

CITY-ST-ZIP

TITLE NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

**~11~** SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition