

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 03, 2001 8:00 am
Secretary of State

05-03-2001 90916 014 ***150.00

DOCUMENT # P98000055937

1. Entity Name
PORTILLO TIRE SERVICES CORP.

Principal Place of Business 1398 NW 79 ST. #A101 MIAMI FL 33147	Mailing Address 1398 NW 79 ST. #A101 MIAMI FL 33147
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2. Principal Place of Business 3120 NW 96 ST	3. Mailing Address 3120 NW 96 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State MIAMI FL 33147	City & State MIAMI FLORIDA
Zip 33147	Zip 33147
Country	Country

4. FEI Number 65-0846066	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

PORTILLO, JOSE D
1398 NW 79 ST. #A101
MIAMI FL 33147

7. Name and Address of New Registered Agent

Name PORTILLO, JOSE D.
Street Address (P.O. Box Number is Not Acceptable) 3120 NW 96 ST
City MIAMI
State FL
Zip Code 33147

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]* **JOSE D PORTILLO SECRETARY** **4/25/01**
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. **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	D RODRIGUEZ, TERESA J 13836 SW 155 TERR. MIAMI FL 33187	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT RODRIGUEZ, TERESA J 13836 SW 155 TERR MIAMI FL 33187	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY PORTILLO, JOSE D 3120 NW 96 ST MIAMI FL 33147	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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]* **JOSE D. PORTILLO** **4/25/01 (305) 978 1133**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

UBR0302

CR2E034 (10/00)