2001 UNIFORM BUSINESS REPORT (UBR) 5/11 Jun 05, 2001 8:00 am DOCUMENT #P98 000165225 **Secretary of State** TIRE SAVERS, INC 05-11-2001 90129 048 ***150.00 Principal Place of Business Mailing Address 2. Principal Place of Business 1648 SE 14th STREET Suite, Act. #, etc. 48065 DO NOT WRITE IN THIS SPACE City & State FORT LAUDE BOA/e, FL 4. FEI Number Applied For 65-0860261 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FEDERICO NEUMAYER Street Address (P.O. Box Number is Not Acceptable) FORT LANDERDALE City Zip Code 8. The above named entity submits this statement for the purpose of changing its regi-tered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signal DATE FILE NOWILL FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PRESIDENT TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) NAME VAME FEDERICO REDNACEA STREET ADDRESS STREET ADDRESS **36/8** S. E. 14th STATET CITY-ST-ZIP CITY - ST - ZIP real is a leading of armi E.C. B. S. T. O. R. Z. MAYLIN Addition ☐ Delete ☐ Change TITLE TITLE NAME VAME 10489.E. 14th STREET STREET ADDRESS STREET ADDRESS \$087 LAUDSROALS, 14, 32316 CITY-ST-ZIP CITY-ST-ZIP TREATUREZ ☐ Delete TITLE ☐ Change Addition NAME WALTE 16486.E. 14th Street STREET ADDRESS STREET ADDRESS Printer November 11, 22316 CITY-ST-ZIP City-St-ZiP ☐ Delete NTLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZY CHTY-ST-ZIP ☐ Delete MILE ☐ Change Addition TITLE STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 it 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. FEDER: CO NEUMAYER 4)19/2001 (954)295.509 NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR