

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 25, 2002 8:00 am**  
**Secretary of State**

02-25-2002 90104 025 \*\*\*150.00

0595216 AT

**DOCUMENT # P98000065225**

1. Entity Name

**TIRE SAVERS, INC.**

Principal Place of Business

**1648 SE 14TH STREET  
 FORT LAUDERDALE FL 33316**

Mailing Address

**P.O. BOX 460014  
 FORT LAUDERDALE FL 33345**

2. Principal Place of Business

**c/o Rodrigo Camargo**  
 Suite, Apt. #, etc.  
**2881 SW 43 Way #2106**  
 City & State  
**Davie FL**  
 Zip  
**33314**  
 Country  
**USA**

3. Mailing Address

**c/o Rodrigo Camargo**  
 Suite, Apt. #, etc.  
**2881 SW 43 Way #2106**  
 City & State  
**Davie FL**  
 Zip  
**33314**  
 Country  
**USA**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-0860261**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**NEUMAYER, FEDERICO  
 1648 SE 74TH STREET  
 FT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name  
**Rodrigo Camargo**  
 Street Address (P.O. Box Number is Not Acceptable)  
**2881 SW 43 Way #2106**  
 City  
**Davie** **FL** Zip Code  
**33314**

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 **Rodrigo Camargo President** **02-11-02**  
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 \$150.00  
 After May 1, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST NEUMAYER, FEDERICO 1126 SOUTH FEDERAL HIGHWAY, UNIT 105 FORT LAUDERDALE FL 33316</b> <input checked="" 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PIT Rodrigo Camargo</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2881 SW 43 Way #2106</b> <b>Davie FL 33314</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Pilar Gonzalez</b> <b>2881 SW 73 Way #2106</b> <b>Davie FL 33314</b>
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
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: **Rodrigo Camargo** **2-11-02** **954-295-5060**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**President**

CR2E034 (9/01)