

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 21, 2000 8:00 am**  
**Secretary of State**

07-21-2000 90106 001 \*\*\*150.00  
07-21-2000 90106 002 \*\*\*\*\*8.75  
07-21-2000 90106 003 \*\*\*\*\*5.00

**18780**



DO NOT WRITE IN THIS SPACE

**DOCUMENT # P98000106677**

1. Entity Name  
**MOBILE TIRE CONNECTION, INC.**

Principal Place of Business Mailing Address  
**30 NORTHEAST 99TH STREET**  
**MIAMI SHORES FL 33138**

2. Principal Place of Business 3. Mailing Address  
**11999 W. Dixie Hwy.** **SAME.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
**MIAMI, FLORIDA**  
City & State City & State

4. FEI Number **65-0888451** Applied For Not Applicable  
5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent  
**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**Make Check Payable to Department of State** 10. Election Campaign Financing ☒ **\$5.00 May Be Added to Fees**  
Trust Fund Contribution.

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDS, GREGORY M		NAME		
STREET ADDRESS	30 NORTHEAST 99TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI SHORES FL 33138		CITY-ST-ZIP		
TITLE	SVD	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDS, CONSTANTINE E		NAME	MICHAEL F. TELASCO	
STREET ADDRESS	30 NORTHEAST 99TH STREET		STREET ADDRESS	3240 NW 81 TERRACE	
CITY-ST-ZIP	MIAMI SHORES FL 33138		CITY-ST-ZIP	MIAMI, FL, 33147	
TITLE		<input type="checkbox"/> Delete	TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	JOHN C. ALEXANDER	
STREET ADDRESS			STREET ADDRESS	1402-N.W. 196th ST.	
CITY-ST-ZIP			CITY-ST-ZIP	MIAMI, FL 33169	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: **Gregory M. Hinds** **Gregory M. Hinds** **7/12/00** **305 754-3899**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 /5/00

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**Information regarding the name(s) added and deleted from: The Mobile Tire Connection Inc.**

**Name(s) to be deleted. Offices to be deleted:**

Hinds, Constantine E.

S.S.# 265-85-9505

Remove from the status of officer/director(secretary-vice president-director)

**Names to be added.**

John C. Alexander

1402 N.W. 196th Street

Miami, Fl 33169

D.O.B. 11/24/45

S.S.# 580-10-8963

Director

Michael F. Telasco

3240 N.W. 81st Terrace

Miami, Fl 33147

D.O.B. 01/27/69

S.S.# 265-89-6489

Vice-President