

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
May 24, 2000 8:00 am  
Secretary of State  
05-24-2000 90480 001 \*\*\*450.00

DOCUMENT # 0990000 18515  
Entity Name  
MRT TIRES, INC.

Principal Place of Business Mailing Address

Principal Place of Business 3. Mailing Address  
901 YAMATO ROAD 901 YAMATO ROAD  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
SUITE 125 SUITE 125  
City & State City & State  
BOCA RATON, FL BOCA RATON, FL  
Zip Country Zip Country  
33431 USA 33431 USA

DO NOT WRITE IN THIS SPACE

17163

6. Name and Address of Current Registered Agent  
LAW OFFICES OF JAMES L. PRUDEN, P.A.  
370 W. CLAMINO GARDENS BLVD. SUITE 210  
BOCA RATON, FL 33432

4. FEI Number 65-090-1461  
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required  
7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City FL Zip Code

9. 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, 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, 2000 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	PRESIDENT DAVID HAUGER 5530-H COACH HOUSE CIR. BOCA RATON, FL 33486 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CHAIRMAN OF THE BOARD TRYGVE TAMBURSTUEN STRANDUN 50 1324 LYSAKER, NORWAY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOARD MEMBER RUNE LINNAN TEATERGT 9, PB 6701 ST. OLAVS PLASS 0130 OSLO, NORWAY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	BOARD MEMBER ROY PEDERSEN FREDTUNVN. 23 N-3145 TJOME, NORWAY <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BOARD MEMBER ROY PEDERSEN GEMINIVEIEN 41 F N-3213 SANDEFJORD, NORWAY
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	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"/> Delete	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: DAVID HAUGER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
05/03/00 (561)999-1994  
Date Daytime Phone #

CR2E034 (9/99)