FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

1cel 2

| DOCUMENT # P99000019988 1. Entity Name FESTIVAL TIRES INC. | | | | FILED |
|---|--|--|--|---|
| | | | | 02 AUG 21 AM11: 32 |
| ************************************** | | | | SECRETARY - AM II: 32 |
| D | O NOT WRIT | E IN THIS | SPACE | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| 2. Principal Place of Business 3. Mailing Address 2620 PALM AVE. 2620 PALM AVE. | | | | A |
| Suite. Apt. #, etc. | | 2620 PALM AVE. Suite, Apt. #, etc. | | M 602 120 |
| City & State HIALEAH, FLORIDA | | City & State | | (4) FEI Number |
| Zip Country 33012 | | HIÁLEAH, FLORIDA Zip Country | | 65-0819654 Applied For Not Applied For |
| | | 33012 | | 5. Certificate of Status Desired \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent |
| DO NOT WRITE | | | Name OF | RIOL TIRADO |
| IN THIS SPAC | | | Street Addre | ess (P.O. Box Number is Not Acceptable) |
| | | I AUL | | NLM AVE. |
| The above nam | ed entity submits this stampe | for the turney and the | City HIAL | EAH, FL Zip Code 33012 |
| · /x | () () with | | | istered agent, or both, in the State of Florida |
| SNATUR Signag | e, typed or printed traffic of registered age | ra and tale if applicable. | ORIOL TIRADO (NOTE: Registered Agent signature rec | guired when reinstating) DATE |
| (See criteria on | OFFICERS AN | Ame Make Check P | May 1, Fee is \$550.00 inded UBR is \$61.25 ayable to Department of t THE | 10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees |
| ET ADORESS OR ST-ZIP 262 | : 2620 DALAA AME AMA | | NAME STREET ADDRESS. CITY-SY-ZIP | 1. 11. |
| | | | TITLE | |
| T ADDRESS ST-ZIP | | • | STREET ADDRESS | , KM, |
| | | | CHY-ST-ZIP THTLE | |
| T ADDRESS SI-Zip | • | | NAME STREET ADDRESS | |
| 31-245 | | | CITY-ST-ZIP | DO NOT WRITE |
| ADDRESS | | | ATTLE NAME | IN THIS SPACE |
| T-ZIP | | | STREET ADDRESS: CITY-ST-YIP | |
| IDEN ES | | | TFTLE NAME: | |
| adgress 1-zip | | | STREET ADDRESS CITY-ST-ZIP | 800007634508 -09/10/0201045013 |
| | | *************************************** | TRUE | ****450.00 ****450. |
| | | | NAME STREET ADORESS | |
| ADDRESS | | | Fay Cr an | |
| ZIP Jereby certify the | If the information supplied with a | his filing door not averile | for the same of th | |
| ereby certify the | at the information supplied with a eport or supplemental report is to or the receiver or trustee emport and ress, with all more like emit | this filing does not qualify in true and accurate and that tweed to execute this rep powered. | for the exemption stated in Se t my signature shall have the ort as required by Chapter 6 | ection 119.07(3)(i), Fiorida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or on an |

ZalZ

FESTIVAL TIRES INC. DOC. # P99000019988

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

AS PER YOUR INSTRUCTIONS, ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS AND TO WAIVE ANY LATE FEES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME.

CORDIALLY

ORIOL TIRADO PRESIDENT

SCAN ONLY DOCS.



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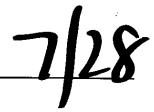
CORREI FICREG FICEVT



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EVT



ANNOTATE:

YES



LOGGED BY:

