

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P99000020422**

1. Entity Name

**TIRE & WHEEL CITY, INC.****FILED****Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90064 046 \*\*\*150.00

Principal Place of Business

Mailing Address

3210 W COLUMBUS DRIVE  
TAMPA FL 336073210 W COLUMBUS DRIVE  
TAMPA FL 33607-1818

DUUB4800

2. Principal Place of Business

3. Mailing Address

2348 W. Columbus

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DRIVE

City &amp; State

City &amp; State

Tampa FL

Tampa FL

Zip

Country

Zip

Country

33607

4. FEI Number

59-3363220

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent**RAMIREZ, MIQUEL  
3210 W COLUMBUS DRIVE  
TAMPA FL 33607

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

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 **D** ☐ Delete  
NAME **RAMIREZ, MIQUEL**  
STREET ADDRESS **3210 W COLUMBUS DRIVE**  
CITY-ST-ZIP **TAMPA FL 33607**TITLE ☐ Change ☐ Addition  
NAME  
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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, changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-10-00 813-870

CR E034 (9/99)