## **2001 UNIFORM BUSINESS REPORT (UBR)**

## Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000030756 1. Entity Name CERTIFIED SCHOOL OF TIRE TECHNOLOGY, CORP. 04-24-2001 90071 021 \*\*\*150.00 Principal Place of Business Mailing Address 19711 N.W. 6TH CT. 19711 N.W. 6TH CT. MIAMI FL 33169 MIAMI FL 33169 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. -- Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-0918129 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MITCHELL, NATANIEL JR. Street Address (P.O. Box Number is Not Acceptable) 19711 N.W. 6TH CT. MIAMI FL 33169 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete NAME NAME MITCHELL JR, NATHANIEL STREET ADDRESS STREET ADDRESS 19711 NW 6TH CT CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33169. ☐ Change TIT) F Delete TITLE ☐ Addition **VP** NAME NAME HARRIS, WILLIE B ----STREET ADDRESS STREET ADDRESS 1798 NW 51ST CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33142 TITLE Delete TITLE Change ... Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 gither like empowered.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-0

305-651-1957

Daytime F