2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P99000103689 DOCUMENT

1. Entity Name

SERGIO TIRE COLLECTION, CORP.											
Principal Place of Business 10305 S.W. 40 TE MIAMI FL 33165			Mailing Address 10305 S.W. 40 TE MIAMI FL 33165				3VV4V63V				
2. Principal Place of Business			3. Mailing Address						ii liiin muu m		
Suite, Apt. #, etc.			Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. F	59-3610491			olied For Applicable	
Zip Country			Zip	Country		- I .	ertificate of Status Desired	P Fe	8.75 Add ee Required		
6. Name and Address of Current Registered Agent						7. N	ame and Address of New Re	gistered Ag	ent		
	- (+ m+ = -x		n amangaran mengantan		Name //	/Λ					
AVILA, ROSARIO 10305 S.W. 40 TE					Street Addres	ss (P.O. Bo	ox Number is Not Acceptable)		· · · · · · · · · · · · · · · · · · ·		
MIAMI FL 33165					O'h.				Zip Code		
					City			FL	Zip Code	· [
	ions of registered a				d Agent signature req		ent, or both, in the State of Flor	DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State							Election Campaign Fina Trust Fund Contribution			May Be to Fees	
10.		OFFICERS AND DIR	ECTORS	11.		ADI	DITIONS/CHANGES TO OFFIC	CERS AND I	DIRECTORS	S IN 11	
TITLE V NAME STREET ADDRESS CITY-ST-ZIP	PD AVILA, ROSARI 10305 S.W. 40 MIAMI FL 3316	O TE	☐ Delete						☐ Change	☐ Addition }	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARIOSA, SERG 10305 S.W. 40 MIAMI FL 3316	IO TE	☐ Delete			* 			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	-	* * * *	Delete			ing to the second se		~	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l			_	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITL: NAM STRE	E				Change	☐ Addition	
TITLE NAME			☐ Delete	TITL NAM	I				Change	☐ Addition	

FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90124 020 ***158.75

STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR