

**2000 UNIFORM BUSINESS REPORT (UBR)**

4/4

**FILED**  
**May 12, 2000 8:00 am**  
**Secretary of State**

04-04-2000 90091 039 \*\*\*150.00

**DOCUMENT # P99000103756**

1. Entity Name  
**CONTINENTAL TIRE, CORP.**

Principal Place of Business

**30 W 11 STREET #6  
 HIALEAH FL 33010**

Mailing Address

**30 W 11 STREET #6  
 HIALEAH FL 33010**

2. Principal Place of Business

**6125 BISCAYNE BLVD**  
 Suite, Apt. #, etc.

3. Mailing Address

**SAME**  
 Suite, Apt. #, etc.

City & State

**MIAMI Florida**

City & State

**SAME**

4. FEI Number

**65-09-75343**

Applied For

Not Applicable

Zip

**33137**

Country

**DADE**

Zip

**SAME**

Country

**SAME**

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SANDOVAL, ADIEL**  
**30 W 11 STREET #6  
 HIALEAH FL 33010**

7. Name and Address of New Registered Agent

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

TITLE NAME	PD SANDOVAL, ADIEL	<input type="checkbox"/> Delete
STREET ADDRESS	30 W 11 STREET #6	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME	VD CERDA, DULIA	<input type="checkbox"/> Delete
STREET ADDRESS	30 W 11 STREET #6	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 other like empowered.

SIGNATURE: **X** *[Signature]* **REQUIRED**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE