

**FILED**  
**May 21, 2002 8:00 am**  
**Secretary of State**

04-10-2002 90355 050 \*\*\*150.00

**2002 UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # P99000103756**

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

Principal Place of Business

**6125 BISCAYNE BLVD  
MIAMI FL 33137**

Mailing Address

**6125 BISCAYNE BLVD  
MIAMI FL 33137**

**28301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**6125 Biscayne Blvd**  
Suite, Apt. #, etc.

3. Mailing Address

**6125 Biscayne Blvd**  
Suite, Apt. #, etc.

City & State

**miami FL**

City & State

**miami FL**

4. FEI Number

**65-0975343**

Applied For

Not Applicable

Zip

**33137**

Country

**Dade**

Zip

Country

**dade**

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

**03-30-002**

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, 2002 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: **PD**  Delete  
NAME: **SANDOVAL, ADIEL**  
STREET ADDRESS: **30 W 11 STREET #6**  
CITY-ST-ZIP: **HIALEAH FL 33010**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: **VD**  Delete  
NAME: **CERDA, DULIA**  
STREET ADDRESS: **30 W-11 STREET #6**  
CITY-ST-ZIP: **HIALEAH FL 33010**

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
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STREET ADDRESS:  Delete  
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TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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:

**SIGNATURE REQUIRED**

**04-26-02 (305) 762 75 95**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)