2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P99000104151** Mar 15, 2000 8:00 am Secretary of State WORLD TIRE EXPRESS, INC. 03-15-2000 90032 043 ***150.00 Mailing Address Principal Place of Business 6477 MROYAL RAQUET CLUB DRIVE 6477 MROYAL BAQUET CLUB DRIVE LAUDERHIL B LAUDERHIL FL 33319 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State> FLORIDA Not Applicable Zip Country BROWALD \$8.75 Additional 5. Certificate of Status Desired Fee Required 3306S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name REYES, CARLOS J ESQ Street Address (P.O. Box Number is Not Acceptable) 200 SE 9TH STREET FT LAUDERDALE FL 33316 Zip Code FL 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. DATE 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, 2000 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 12. 11. ■ Addition TITLE TITLE ☐ Delete REALES, GLORIA M NAME NAME 8421 FOREST HILLS BLVD, 207 B TRANS-13A NO 123-10 AP 304 STREET ADDRESS STREET ADDRESS ORAL SPRINGS, FL. 33065 CITY-ST-ZIP BOGTA: DISTRICO CAPITAL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ~ .1. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 opporation 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 an attachment with an address, with all other like empowered.

SIGNATURE: .

NG OFFICE OR DIRECTOR

3/8/00 9

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Daytime Phone #