2000 UNIFORM BUSINESS REPORT (UBR)

Apr 29, 2000 08:00 AM **DOCUMENT # \$54094** 1. Entity Name **Secretary of State** TIRE RECOVERY CORPORATION Principal Place of Business Mailing Address 450 W 28TH STREET 15212 SW 148TH CT. HIALEAH FL MIAMI FL 33010 331875525 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 65-0264138 Not Applicable Zip Country 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 CASTILLO, PEDRO I. 15212 SW 148 CT Street Address (P.O. Box Number is Not Acceptable) MIAMI \mathbf{FL} 33187 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. 04/29/2000 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 After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE M Delete TITLE ☐ Change ☐ Addition CASTILLO FRANCISCO J NAME STREET ADDRESS 14905 SW 304 TR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOMESTEAD 33033 TITLE ☐ Delete TITLE X Change ☐ Addition NAME NAME CASTILLO PEDRO CASTILLO PEDRO STREET ADDRESS 9876 HAMMOCKS BLVD #101 STREET ACCRESS 15212 SW 148 CT. CITY-ST-ZIF MIAMI FI. 33196 CITY-ST-7IP MIAMI FT. 33187 ☐ Delete TITLE TILE X Change ☐ Addition NAME CASTILLO, PEDRO I. NAME CASTILLO PEDRO STREET ADDRESS 15212 SW 148TH CT. 9876 HAMMOCKS BLVD. APT.101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33196 TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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CIONATURE, DEDROICASTILIO

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