

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

" AMENDED "

FILED

03 NOV 13 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V03923

1. Entity Name

U.S. RETREADERS OF TIRES, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2745 NW 21 ST

3. Mailing Address

2745 NW 21 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0305189

Applied For

Not Applicable

Zip

33142

Country

U.S.

Zip

33142

Country

U.S.

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Espraneda Luis E

Street Address (P.O. Box Number is Not Acceptable)

11235 N.W. 59th Place

City

Hialeah

FL

Zip Code

33012

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Luis E. Espraneda

(NOTE: Registered Agent signature required when reinstating)

10/14/03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Espraneda Luis E 11235 NW 59th PL Hialeah, FL 33012	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000024000180 11/21/03--01028--024 **26.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000024000180 10/22/03--01011--005 **43.75
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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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Luis E. Espraneda

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10/14/03 305-636-3797

Date

Daytime Phone #

CR2E034B (12/02)