

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90129 004 ***150.00

DOCUMENT # V68065

1. Entity Name
HUB WHEEL & TIRE, INC.

Principal Place of Business: **11685 KERRY DRIVE COOPER CITY FL 33026**
 Mailing Address: **PO BOX 5646 HOLLYWOOD FL 33083-5646 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: **3196 W. Hallandale Blvd. Suite, Apt. #, etc. 41B**
 City & State: **HALLANDALE FL**
 Zip: **33009** Country: **US**

3. Mailing Address: **3196 Hallandale Blvd.**
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

4. FEI Number: **65-0359391**
 Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**MUCHNICK, SANFORD L.
 4000 HOLLYWOOD BLVD.
 SUITE 610N
 HOLLYWOOD FL 33021**

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.

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	PTD SHALE, JOHN W.	<input type="checkbox"/> Delete
STREET ADDRESS	11685 KERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
TITLE NAME	SVD SHALE, YOSHIKO	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	11685 KERRY DRIVE	
CITY-ST-ZIP	COOPER CITY FL	
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		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: John W. Shale **JOHN W. SHALE** Date: 2-12-00 Daytime Phone #: 954-964-0736

CR2E034 (9/99)