

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 25, 2003 8:00 am
Secretary of State

02-25-2003 90144 037 ***150.00

DOCUMENT # V70581

1. Entity Name

WEST MILLER TIRE, CORPORATION



Principal Place of Business

14716 SW 56 ST

MIAMI FL

Mailing Address

14716 SW 56 ST

MIAMI FL - 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0363683

Applied For

Not Applicable

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

~~NODA, ROGELIO~~

~~1590 S.W. 143 PLACE~~

~~MIAMI FL 33184~~

Name

DE LIMA EDGAR

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

8240 SW 149 ST

MIAMI FL

City

FL

Zip Code

33193

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

[Signature]

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Delete
NAME ~~NODA, ROGELIO~~
STREET ADDRESS ~~1590 SW 143 PL~~
CITY-ST-ZIP ~~MIAMI FL 33184~~

TITLE **P** ☒ Change ☐ Addition
NAME **DE LIMA EDGAR**
STREET ADDRESS **8240 SW 149 ST**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

~~ROGELIO NODA~~
PRESIDENT

EDGAR DE LIMA

01/29/03

Date

(305) 382-7642

Daytime Phone #

CR2E034 (10/02)