## 2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # 445530** 1. Entity Name TOWLE ENTERPRISES, INC. 02-01-2001 90027 050 \*\*\*150.00 Principal Place of Business Mailing Address 80 SW 17TH RD. 80 SW 17TH RD. MIAMI FL 33129 MIAMI FL 33129 2. Principal Place of Business 3. Mailing Address HRDV AUE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2004836 MIAM Not Applicable Country / Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required U-5-A US-P 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TOWLE, TOM JR Street Address (P.O. Box Number is Not Acceptable) 80 SW 17 ROAD PURDY AVE. #714 **MIAMI FL 33129** 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 Delete Change TITLE TOWLE TOM JR. 1800 PURDY AUE #714 TOWLE TOM, JR. NAME NAME STREET ADDRESS 80 SW 17TH RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAHI BEACH FL. 3313 MIAMI FL Delete Change ☐ Addition TITLE TITLE TOWLE, FRANCES H. V 5 P OWLE, FRANCES H. NAME STREET ADDRESS STREET ADDRESS 80 SW 17TH RD. 1800 PHRDY AVE. #714 CITY-ST-ZIP CITY-ST-ZIP MIAM! FL MIAMI BEACH, FL. 33139 ☐ Addition TITLE TITLE Delete TOWLE, TOM JR. NAME NAME STREET ADDRESS STREET ADDRESS 80 SW 17TH RD. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE

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.

NAME

DILE

NAME

Delete

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

City-ST-ZIP

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING FFICER

president

1-25.2001 30553

Daytime Phone #

☐ Change

☐ Addition

CR2E034 (10