2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000081817

05-14-2002 90180 001 ***300.00

FILED

02 JUN -3 PM 4:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name:

CHURY TOWING & TRANSPORTATION, INC

Principal Place of Business	Mailing Address
1305 W 46 St # 211 Hialeah, FL 33012	1305 W 46 St # 211 Hialeah, FL 33012

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
16035 NW 57 Avenue	8758 SW 8th Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33014 Country: USA	Zip: 33174 Country: USA

4. FEI Number: 65-1131964 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FLORENCIO J. PENA
1305 W 46 St. # 211
Hialeah, FL 33012

7. Name and Address of New Registered Agent

Name: MICHELLE CARRALERO
Street Address (P.O. Box Number is Not Acceptable): 6739 Segovia Circle West
City: Pembroke Pines FL Zip Code: 33331

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After May 1, 2002 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 / STREET ADDRESS / CITY-ST-ZIP	P FLORENCIO J. PEÑA 1305 W. 46 St. # 211 Hialeah, FL 33012	☒ Delete
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MICHELLE CARRALERO 6739 Segovia Circle West Pembroke Pines, FL 33331	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Michelle Carralero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 04-30-2002