UNIFORM BUSINESS REPORT (UBR)

| ONIFORM BUSINESS REPORT (UBR) | | | | |
|--|--|--|--|--------------------------------|
| DOCUMENT # Po 2 6 0 0 0 3 7 5 4 6 1. Entity Name | | | FILED | AE |
| EXCELLENT Towing of Miami Inc | | | 03 DEC -8 PM 1:55 | |
| DO NOT WRITE IN THIS SPACE | | | SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| 2. Principal Place of Business 797/ West 28 Ave | 3. Mailing Address 757/ Wes/ | + 28 Ave | 4000253077 12/08/0301013033 | **150.00 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | | REINS TO NOT WHITEIN THE | |
| City & State Hialea4 F1 | City & State Hialea K | | 4. FEI Number 64-3633221 | Applied For Not Applicable |
| Zip 3 0 16 Country MIAMIDE de | Zip 330/6 | MIAMI Dade | | \$8.75 Additional Fee Required |
| Name Mad clin - C- I-Frim- | | | | |
| DO NOT WRITE Street Address (P.0 | | | P.O. Box Number is Not Acceptable) | |
| Street Agdress (P.O. Box Number is Not Acceptable) IN THIS SPACE | | | | |
| | AUL | | | |
| | | City F+ 1 | M_{VYS} FL | Zip Code 3 3 9 / 2 |
| 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 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 filling requirement and elects to do so. (See criteria on back) January 1: May 1: Fee is \$150.00 After May 1: Fee is \$550.00 After May 1: Fee is \$550.00 After May 1: Fee is \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State | | | | |
| 11. OFFICERS AND I | From a recommendation of the age of the Company of the age of the age of the company of the comp | | | The second second |
| TITLE PVST | | TILE. | | |
| NAME Raul Diaz STREET ADDRESS 3285 West 77 | Ples | NAME STREET ADDRESS | | |
| CITY-ST-ZIP Hialeah El 3 | 3018 | CITY-ST: ZIP | | |
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| 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 of the corporation or the receiver of the corporation or the receiver of the corporation of the corporation of the receiver of the corporation of the corpo | | | | |
| attachment with an address with all other like empowered. | | | | |
| SIGNATURE: 10/29/03 | | | | |
| | ENTED NAME OF SIGNING OFFICER | OR DIRECTOR | Date D | avitime Phone # |

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DEPARTMENT OF REVENUE

TALLAHASSEE, FLORIDA 32399-0100

General Tax Administration Child Support Enforcement Property Tax Administration Administrative Services Information Services

JimZingale Executive Director

NOVEMBER 21, 2003

DEPARTMENT OF STATE
 DIVISION OF CORPORATIONS

 P.O. BOX 6327
 TALLAHASSEE, FL 32314

CK#6022 AMT:\$150.00 SCREENER:1391

We are returning remittance (s) listed below for the following reasons, as indicated by an X.

XX Check/Money Order/Document(s) sent to Florida Department of Revenue in error.

Unable to identify- if this remittance is for taxes administered by the Florida Department of Revenue, please enclose appropriate tax return with your tax identification number and return to the address indicated below.

If this is in payment of Federal taxes, please send to the Internal Revenue Service Center, Atlanta, Georgia 39901.

Your check or money order is not payable to the Florida Department of Revenue and/or is incomplete. Actual payment of taxes cannot be accounted for until this Department receives a correctly completed valid check or money order.

We are returning the attached documentation relating to vehicle title, registration and/or vehicle license tag. The Florida Department of Highway Safety and Motor Vehicles or the local tax collector/tag agency should be contacted. You may contact the Florida Department of Highway Safety, Title & Registration at (850) 488-3881.

Postal Damage- Your remittance has been damaged by the postal process. We are returning your damaged property. Please complete and forward the enclosed coupon with your response.

Other:

SENT FOR EXCELLENT TOWING OF MIAMI INC., 7971 W 28TH AVENUE, HIALEAH, FL 33016.

Please include this correspondence and any postmarked envelope(s) along with your response to:

Florida Department of Revenue Return & Revenue Processing 5050 W. Tennessee Street, Bldg k Tallahassee, FL 32399-0100