

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 597607**

1. Entity Name

MOLINA TOWING, INC.**FILED**
Jan 20, 2001 8:00 am
Secretary of State

01-20-2001 90074 023 ***158.75

0146763

Principal Place of Business	Mailing Address
2151 N W 7 AVE MIAMI FL 33127	2151 N W 7 AVE MIAMI FL 33127

C0006928

DO NOT WRITE IN THIS SPACE

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 59-2523098	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
MOLINA, ORLANDO 2151 NW 7 AVE MIAMI FL	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 _____ (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, 2001 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
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	STD	TITLE	
NAME	MOLINA, ZOILA	NAME	
STREET ADDRESS	3233 SW 58 CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	MOLINA, ORLANDO	NAME	
STREET ADDRESS	3233 SW 58 CT.	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MOLINA, EDITH	NAME	
STREET ADDRESS	3233 SW 58TH CT	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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)(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: Edith Molina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTORDate 1/8/01 Daytime Phone # 305-325-8980

CR2E034 (10/00)