Daytime Phone #

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # 597607 1. Entity Name MOLINA TOWING, INC.						Apr 24, 2002 8:00 am Secretary of State 04-24-2002 90301 010 ***158.75				
Principal Place of Business 2151 N W 7 AVE MIAMI FL 33127		Mailing Address 2151 N W 7 AVE MIAMI FL 33127								
2. Principal Place of Business		3. Mailing Address .								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State			4. F	4. FEI Number 59-2523098 Applied Fo Not Applie				
Zip Country		Zip Country		у	5. C	5. Certificate of Status Desired \$8.75 Additional Fee Required				
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent		Name	7. N	lame and Address	of New Registere	d Agent		
MOLINA, 2151 NW MIAMI FL	ORLANDO 7 AVE		-	`\	\$5 (P.O. B	ox Number is Not A		L 2sc	je . 277	
SIGNATURE . 9. This corporate fax filing r	named entity submits this statement for signature, typed or printed name of registered agent a pration is eligible to satisfy its Intangible equipment and elects to do so. in on back)	and title if applicable. (NOT	E: Registered	Agent signature rec	uired when re		DATE	\$5.0	00 May Be	
11.	OFFICERS AND		12.		AD	DITIONS/CHANGE	S TO OFFICERS A			:
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MOLINA, ZOILA 3233 SW 58 CT. MIAMI FL	☐ Delete ☐ Delete ☐ Delete		T ADDRESS ST-ZIP	101N 151 N	1,201UA IN 71 AVE	: MIRMI	Change F1 33		יטיטי אמטבוטבור
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Molina, Orlando 3233 SW 58 CT. Miami Fl		NAME STREE CITY-	T ADDRESS ST-ZIP	1511 1511	A ORLAN	PO VE MIM	11, F1 3	33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Molina, Edith 3233 SW 58th Ct Miami Fl	☐ Delete		T ADDRESS ST-ZIP	101N 151	A EDITH	WE MIA	Change MI,F)	Addition 33127	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition }	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
indicator	certify that the information supplied with on this report or supplemental report is poration or the receiver or trusted empor or on an attachment with an address.	true and accurate and that I	mv sianati	ire shall have	the same I	ledal effect as it ma	de under oath: tha	i i am an oilice	r or airector i	