

8/14/01-90112

FILED

01 OCT -1 PM 2:04

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F12699

1. Entity Name
TOWLE & ASSOCIATES, INC.

Principal Place of Business
1450 MADRUGA AVE
SUITE 406
CORAL GABLES FL 33146
US

Mailing Address
1450 MADRUGA AVE
SUITE 406
CORAL GABLES FL 33146
US

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
SUITE 406
City & State

Suite, Apt. #, etc.
SUITE 406
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2049080
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TOWLE JOHN
899 BRIDGE AVENUE
SUITE 208
MIAMI FL 33131

7. Name and Address of New Registered Agent
TOWMAR
Jana Martinez
1450 Madruga Ave
Suite 406
Coral Gables FL 33146

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 *Jana Martinez* DATE 9/26/01

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$780.00 Make Check Payable to Department of State

18. Election Campaign Financing Trust Fund Contribution. \$5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE D TOWLE JOHN STREET ADDRESS 1450 MADRUGA AVE #208 CITY-ST-ZIP CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE P TRULLO ORLANDO STREET ADDRESS 1450 MADRUGA AVE #208 CITY-ST-ZIP CORAL GABLES FL 33146	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D JANA MARTINEZ STREET ADDRESS 1450 Madruga Ave # 406 Coral Gables FL 33146	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(2)(D), 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 of this report.

SIGNATURE: *Jana Martinez* DATE 9/26/01

Jana Martinez
↑

8/31/01

RECEIVED
SEP 25 2001