AMENDED

09-17-2002 90103 008 ****61.25

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
K15813
02 SEP 23 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K 15813

1. Entity Name
ALAMO TOWING SERVICE, INC.

DO NOT WRITE IN THIS SPACE

872342

2. Principal Place of Business	3. Mailing Address
P.O. BOX 350205	P.O. BOX 350205
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MIAMI, FL.	City & State: MIAMI, FL.
Zip: 33135 Country: USA	Zip: 33135 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 650088472 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name: CLAUDIA CECILIA DELGADILLO
Street Address (P.O. Box Number Is Not Acceptable): 1297 MAJESTY TERRACE
City: WESTON FL Zip Code: 33327

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] 9/10/02
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) X

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	D/P
NAME	ARIZA, JAIME
STREET ADDRESS	1297 MAJESTY TERRACE
CITY-ST-ZIP	WESTON, FL. 33327
TITLE	D/S
NAME	DELGADILLO, CLAUDIA CECILIA
STREET ADDRESS	1297 MAJESTY TERRACE
CITY-ST-ZIP	WESTON, FL. 33327
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] CLAUDIA CECILIA DELGADILLO 9/10/02 305-649-7288
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY Date Daytime Phone #