

2003
2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 12, 2003 8:00 am
Secretary of State

09-12-2003 90088 014 ***150.00

DOCUMENT # K-15813

1. Entity Name
ALAMO TOWING SERVICE, INC.

Principal Place of Business
**1297 Majesty TER.
WESTON FL 33327**

Mailing Address
**PO Box 350205
Miami FL 33135**

90156487

2. Principal Place of Business
1297 Majesty TER.

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Weston FL 33327

City & State

4. FEI Number
65-0088472

Applied Fee
Not Applied

Zip
US A

Country

Zip

Country

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

**Claudia C. Delgado
1297 Majesty Terrace
Weston FL 33327**

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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May 1
Added to Fee

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DP
JAIME ARIZA
1297 Majesty TER
WESTON FL 33327**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**DS
CLAUDIA C. DELGADILLO
1297 Majesty TER.
WESTON FL 33327**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN FILE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

☐ Change ☐ Add

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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CITY-STATE-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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Jaime Ariza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/8/03

Attachment
90156487

September 8, 2003

FLORIDA DEPARTMENT OF STATE
Division of Corporations
Annual Reports Filings
P. O. Box 1500
Tallahassee FL 32302-1500

Ref.: K15813 – Alamo Towing Service, Inc.

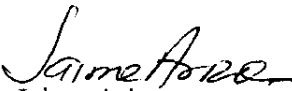
Dear Sir or Madam:

I would like to let you know that we HAVE NOT RECEIVED ANY FORM BY MAIL to renew the Corporation for year 2003. I made a copy from blank form to try to accomplish with the State Law, please accept my check without penalty.

Take on count that it was not my fault if I did not receive the renewal by mail, only I am trying to comply with the Corporate Renewal for this year.

Please waive any fine. I am not willfully negligent.

Cordially,


Jaime Ariza
President