

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **K42478**

1. Entity Name

TIC TAC TOWING INC.

FILED

01 FEB -7 AM 11:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

Mailing Address

2320 NW 7th.

945 N.W. 32 AVE.

2. Principal Place of Business

2320 NW 7th.

Suite, Apt. #, etc.

3. Mailing Address

945 N.W. 32 AVE.

Suite, Apt. #, etc.

City & State

MIAMI FL.

City & State

MIAMI FL.

Zip

33127

Country

USA

Zip

33125

Country

USA

2000-01 UBR

4. FEI Number

65-0095842

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

Jorge S. Orellana
945 N.W. 32 AVE.
Miami FL 33125

7. Name and Address of New Registered Agent

Name

Jorge S. Orellana

Street Address (P.O. Box Number is Not Acceptable)

same as current Registered Agent

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]

Jorge S. Orellana President

2-6-01

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)

☒

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 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

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **Jorge S. Orellana**
STREET ADDRESS **945 NW 32 AVE.**
CITY-ST-ZIP **MIAMI FL 33125**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **900003677109--6**
CITY-ST-ZIP **-02/13/01--01071--027**
******308.75 ****308.75**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

[Signature] **Jorge S. Orellana**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-6-01

Date

305-635-1818

Daytime Phone #

CR2E034 (9/99)

KE