2001 UNIFORM BUSINESS REPORT (UBR) FILED Aug 07, 2001 8:00 am Secretary of State **DOCUMENT** # P00000022001 1. Entity Name Five Star Towing And Recovery Services Inc 08-07-2001 90008 014 ***150.00 Principal Place of Business Mailing Address 240 W 26 St 240 W 26 St Hialeah, Fl 33010 Hialeah, Fl 33010 C0074887 2. Principal Place of Business 3. Mailing Address <u>240 w 26 St</u> <u>240 W 26 St</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For <u>Hialeah.</u> Not Applicable Hialeah, Fl 65-0985149 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33010 <u>33010</u> 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Lilia A Gomez 691 SE 3 Place Street Address (P.O. Box Number is Not Acceptable) --Hialeah---Fl--3-30-10-City 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, typed or printed name of registered agent and titl (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Gerardo Gomez - PSD ☐ Change ☐ Addition Delete TITLE NAME 15495 Eagle Nest Lane NAME STREET ADDRESS Miami Lakes, Fl 33014 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change X Addition PSD NAME Gladys Zamora STREET ADDRESS STREET ADDRESS 240 W 26 St, Hialeah, Fl 33010 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME? NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

attachment Dac# Pagaggggo1

August 2, 2001

Division of Corporations 409 East Gaines Street Tallahassee, Fl 32399

Re: P00000022001

Gentlemen:

I am enclosing the annual report for Five Star Towing and Recovery Services, Inc. We never received the renewal documentation in order for us to renew the stated application prior to the May 1, 2001 deadline.

As requested, I am enclosing a check in the original amount of \$150.00 in order to renew the stated corporation.

Your cooperation in this matter is appreciated.

Thank you,

Gladys Zamora

President