## **FILED** 2002 UNIFORM BUSINESS REPORT (UBR) May 01, 2002 8:00 am Secretary of State P00000071292 **DOCUMENT #** 1. Entity Name CARY TOWING INC. 05-01-2002 91570 019 \*\*\*150.00 Principal Place of Business Mailing Address 3375 WEST 76TH ST 3375 WEST 76TH ST #132 #132 HIALEAH FL 33018 HIALEAH FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEi Number Applied For 65-1029107 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RODRIGUEZ, ALAIN Street Address (P.O. Box Number is Not Acceptable) 3375 WEST 76TH ST #132 HIALEAH FL 33018 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) \_ \_Trust\_Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RODRIGUEZ, ALAIN NAME STREET ADDRESS 3375 WEST 76TH ST STREET ADDRESS CITY-ST-7IP HIALEAH FL 33018 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition 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 ☐ Defete 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 I hereby certify that the information supplied with the indicated on this report or supplemental report is preops not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of the first and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ecute this report as recuired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee

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