

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2003 8:00 am
Secretary of State

05-16-2003 90187 042 ***150.00

DOCUMENT # P00000071292

1. Entity Name
CARY TOWING INC.



Principal Place of Business
3375 WEST 76TH ST
#132
HIALEAH FL 33018

Mailing Address
3375 WEST 76TH ST
#132
HIALEAH FL 33018



2. Principal Place of Business
10769 NW 23 ST
Suite, Apt. #, etc.

3. Mailing Address
10769 NW 23 ST
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
Miami, FL
Zip
33172
Country

City & State
Miami, FL
Zip
33172
Country

4. FEI Number 65-1029107

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RODRIGUEZ, ALAIN
3375 WEST 76TH ST
#132
HIALEAH FL 33018

7. Name and Address of New Registered Agent

Name Rodriguez, Alain
Street Address (P.O. Box Number is Not Acceptable)
X 16898 NW 91 st.
City miami lakes, FL **FL** **Zip Code** 33172

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE X *Alain Rodriguez* **DATE** 04/2/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	☐ Delete
NAME	RODRIGUEZ, ALAIN	
STREET ADDRESS	3375 WEST 76TH ST	
CITY-ST-ZIP	HIALEAH FL 33018	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	☒ Change ☐ Addition
NAME	Rodriguez, Alain	
STREET ADDRESS	X 16898 NW 91 st.	
CITY-ST-ZIP	miami lakes, FL 33172	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X *Alain Rodriguez* **DATE** 04/2/03 **(305) 836-0000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)