

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 007 ***150.00

DOCUMENT # *P00000071355*

1. Entity Name

TOWEL'S SERVICE OF MIAMI, Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14276 SW 175th Terr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1039284

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

Carlos M Cardona

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

14276 SW 175th Terrace

City

MIAMI

FL

Zip Code

33177

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 *X*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/30/02

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 *PTD* *CARLOS M CARDONA*
NAME
STREET ADDRESS *14276 SW 175th Terrace*
CITY-ST-ZIP *MIAMI, FL 33177*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *USD* *ANGELICA M CORREA*
NAME
STREET ADDRESS *14276 SW 175th Terrace*
CITY-ST-ZIP *MIAMI, FL 33177*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address with all other like empowered.

SIGNATURE: *X*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

04/30/02

Daytime Phone #

(305) 232-4470

CR2E034B (12/01)