## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 15, 2002 8:00 am Secretary of State

DOCU	JMENT me	# Po100003	1085	. (0		]	05-15-2002 90	086 0	16 ***150.00
STEALTH TOWING, INC.									
	DO N	OF WRITE	IN THIS S	PAC	<b>E</b>				
	Place of Busin		3. Mailing Address						
Suite, Apt		STREET	Suite, Apt#, etc	• <u></u>	. 4	- · ·	DO NOT WRITE IN TH	IIS SPAC	E
City & Sta	<b>.</b> •		City & State			4. FEI Nu			Applied For
Zip 2	,	Country	Zip	Cour	ntry		1102033	\$8.7	Not Applicable  5 Additional
THE MARKET	315,5	USA		l San Sangara	ii e	<u> </u>	ate of Status Desired   d Address of Current Register	Fee F	Required
					Name			ned Age	111
Property DO NOT WE			THE CONTRACT OF THE PROPERTY O		Street Address (	A M. ALEONSO (P.O. Box Number is Not Acceptable) SW 30 STREFT			
		UTHIS SP	ACE		0.330	SW SU	SIREEI		
					City MIAM	I	<u> </u>	LZ	ip Code 3 3 1 5 5
8. The above	e named entity	submits this statement for	the purpose of changing it	s register	ed office or register	ed agent, or	both, in the State of Florida.		
SIGNATURE	Signature, typed o	Forinted name of registored agent a	nd title if applicable. (NO	E: Registere	d Agent signature required	when reinstatino	DAT	F	
9. This corpo	oration is eligit	ole to satisfy its Intangible	January 1 -	fay 1 F	ee Is \$150.00		· · · · · · · · · · · · · · · · · · ·		
- Tax filing i (See criter	requirement a ria on back)	nd elects to do so.	Alter Ma) Amende Make Check Paya	d UBR i	s \$550,00 s \$61,25	Land State	Election Campaign Financing Trust Fund Contribution.		\$5.00 May Be Added to Fees
11.	· · · · · · · · · · · · · · · · · · ·	OFFICERS AND D				aras Erakandus	KII KAAN OO	a enterin	FIRE COMPANIES DE MAN
TITLE NAME	PRES	IDENT ALFONSO		TITLI NAM					201)
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STREET ADDRESS				STREE	T AUDRESS				
CITY-ST-ZIP				TENTULER OF					
indicated of the corp attachmen	erbry that the room this report of poration or the poration or the other with an address.	nformation supplied with the supplement of report of the receiver of trustee emporess, with all others with an others with all others with all others.	nis filing does not qualify for the and accurate and that n wered to execute this report owered.	the exen ny signati t as requ	nption stated in Secure shalf have the sa lired by Chapter 607	tion 119.07(3 ame fegal eff 7, Florida Sta	3)(i), Florida Statutes. I further c ect as if made under oath; that tutes; and that my name appea	ertify that I am an c ars in Blo	the information officer or director ock 11 or on an

04/26/2002 Date