

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000031156

1. Entity Name

MUSTANG TOWING, INC.

**FILED**  
**Apr 02, 2002 8:00 am**  
**Secretary of State**

04-02-2002 90880 023 \*\*\*150.00

011611 AV

Principal Place of Business

150 NANETTE ST  
ORLANDO FL 32839

Mailing Address

150 NANETTE ST  
ORLANDO FL 32839



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5906 S. ORANGE AVE  
Suite, Apt. #, etc.

3. Mailing Address

5906 S. ORANGE AVE  
Suite, Apt. #, etc.

City & State

ORLANDO, FL

City & State

ORLANDO, FL

4. FEI Number

59-3706126

Applied For

Not Applicable

Zip

32809

Country

ORANGE

Zip

32809

Country

ORANGE

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MOON, WALTER R  
200 N PRIMROSE DR  
ORLANDO FL 32803

7. Name and Address of New Registered Agent

Name

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

City

FL

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

Walter R. Moon

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

(NOTE: Registered Agent signature required when reinstating)

2/19/02

DATE

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 Fee will be \$550.00**  
**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	PRESIDENT	<input type="checkbox"/> Delete
NAME	Mohamed Arouche	
STREET ADDRESS	150 Nanette St	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	CORP. SECRETARY	<input type="checkbox"/> Delete
NAME	BEVERLY AUBERT	
STREET ADDRESS	150 Nanette St	
CITY-ST-ZIP	ORLANDO, FL 32839	
TITLE	V. PRES.	<input type="checkbox"/> Delete
NAME	MALEK AROUCHE	
STREET ADDRESS	CITE REVOIL BTCA 6	
CITY-ST-ZIP	ALGER, ALGERIA	
TITLE	V. PRES.	<input type="checkbox"/> Delete
NAME	KAMEL DJEKAM	
STREET ADDRESS	58 RUE BACHIR G#1	
CITY-ST-ZIP	ALGERIA	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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.

SIGNATURE:

Mohamed Arouche

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-02 (407) 716-9710

Date

Daytime Phone #

CR2E034 (9/01)