

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

DOCUMENT # 901000108710

1. Entity Name

NORTH DADE TOWING AND RECOVERY, INC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

02 MAR 25 AM 7:16

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

1501 NE 130 ST

Suite, Apt. #, etc.

3. Mailing Address

1501 NE 130 ST

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

North Miami, FLA

City & State

North Miami, FL

4. FEI Number

65-1148784

Applied For

Not Applicable

Zip

33161

Country

USA

Zip

33161

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name RENE Robert Gomez

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

645 NE 58 ST

City Miami

FL

Zip Code 33137

**DO NOT WRITE  
IN THIS SPACE**

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]* President

(NOTE: Registered Agent signature required when reinstating)

03-14-02

DATE

9. This corporation is eligible to satisfy its Intangible  
tax filing requirements 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	NAME	STREET ADDRESS	CITY-ST-ZIP
PRESIDENT	RENE Robert Gomez	645 N.E. 58 ST	MIAMI, FL. 33137

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

700004896017--6 -02/08/02--01028--010 *****43.75 *****43.75
700004896017--6 -03/26/02--01053--005 *****106.25 *****106.25
<b>DO NOT WRITE IN THIS SPACE</b>
<i>[Signature]</i> 3/25

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-02

Date

305-891-0122

Daytime Phone #

CR2E034B (12/01)