

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P02000003305

1. Entity Name

E C KRYSTAL TOWING INC



FILED

03 OCT -9 PM 3:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9840 BAHAMA DR

Suite, Apt. #, etc.

3. Mailing Address

9840 BAHAMA DR

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33189

Country

Zip

33189

Country

-

4. FEI Number

01-0593480

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

DO NOT WRITE  
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name DIKIA M BETANCES

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

9840 BAHAMA DR.

City MIAMI

FL

Zip Code

33189

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

*[Signature]*

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

(NOTE: Registered Agent signature required when reinstating)

10-06-03

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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

NAME DIKIA M BETANCES

STREET ADDRESS 9840 BAHAMA DR.

CITY-ST-ZIP MIAMI FL 33189

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

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

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

10-06-03 305-401-3934

Date

Daytime Phone #

CR2E034B (12/02)

TO: DIVISION OF CORPORATION  
P O BOX 6327  
TALLAHASSEE, FL 32314

*Psych*

TO WHOM IT MAY CONCERN:

I NEVER RECEIVED ANY NOTICE FROM YOUR OFFICE FOR THE 2003  
UNIFORM BUSINESS REPORT. I THINK THIS IS DO TO AN ERROR IN THE  
MAILING/PRINCIPAL ADDRESS.

PLEASE MAKE THE NECESSARY CORRECTION IN ORDER TO PROCESS THE  
UNIFORM BUSINESS REPORT FOR 2003 AND TO WAIVE ANY LATE  
CHARGES.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS  
MATTER.

CORDIALLY

  
DILCIA M BETANCES

E C KRYSTAL TOWING INC  
9840 BAHAMA DR  
MIAMI, FL 33189