

FILED
Jun 24, 2003 8:00 am
Secretary of State

06-24-2003 90011 032 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000057062

1. Entity Name
DAVID TOWING, CORP.



90140217

Principal Place of Business
7695 N AUGUSTA DRIVE
MIAMI, FL 33015

Mailing Address
7695 N AUGUSTA DRIVE
MIAMI, FL 33015

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

02-0603272

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GONZALEZ, ERLYS R
7695 N AUGUSTA DRIVE
MIAMI, FL 33015

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when appointing)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$50.00
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

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P
GONZALEZ, ERLYS R
7695 N AUGUSTA DRIVE
MIAMI, FL 33015

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

V
RAMOS, DAVID
7695 N AUGUSTA DRIVE
MIAMI, FL 33015

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/03 (305) 970-4663

CH2E034 (10/02)