

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

APPROVED
AND
FILED

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05 SEP -9 AM 10:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P02000107271

1. Entity Name
Level Towing, Corp



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
200 SW 47 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State
MIAMI, FL

Zip
33134

Country

REINSTATEMENT 03-05

4. FEI Number
20-3398976

Applied For
Not Applicable

DO NOT WRITE IN THIS SPACE

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
NESTOR GONZALEZ

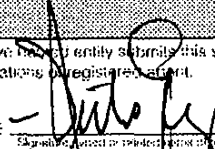
Street Address (P.O. Box Number is Not Acceptable)
200 SW 47 AVE

City
MIAMI

FL

Zip Code
33134

8. The above information is submitted 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, the registered agent.

SIGNATURE: 

Signature of Registered Agent (Required when changing agent)

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

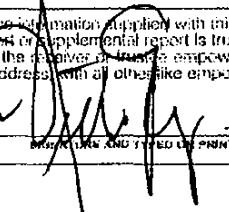
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	President NESTOR GONZALEZ 200 SW 47 AVE MIAMI, FL 33134	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	000059780440 09/20/05--01036--012 \$450.00
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DO NOT WRITE IN THIS SPACE

K. Eckel SEP - 9 2005

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 otherlike empowered.

SIGNATURE: 

PRINTED NAME AND TITLE OF SIGNING OFFICER OR DIRECTOR

CR20034B (12/02)

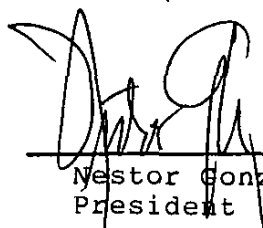
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Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$450.00 for the annual report fee with my application.

We did not receive the U.B.R. for the years 2003 thru 2005 or any other notice from the Division of Corporations in respect with the Corporation, **LEVEL TOWING, CORP.**

Thank you for your courtesy in this matter.



Nestor Gonzalez
President