2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000082201 May 12, 2000 8:00 am Secretary of State 1. Entity Name R. & J. TOWING, INC. 05-12-2000 90060 015 ***150.00 Principal Place of Business Mailing Address 1001 S ROYAL POINCIANA 7201 N.W. 36TH ST. MIAMI FL 33166-6702 MIAMI FL 33166 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0446235 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODRIGUEZ, JOSE Street Address (P.O. Box Number is Not Acceptable) 7201 N.W. 36TH ST. **MIAMI FL 33166** Zip Code FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition PTD ☐ Delete TITLE Change TITLE RODRIGUEZ, JOSE NAME NAME STREET ADDRESS STREET ADDRESS 17400 S.W. 63RD MANOR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33331 ☐ Change Addition ☐ Delete TITLE TITLE RODRIGUEZ, RAYMOND NAME NAME STREET ADDRESS STREET ADDRESS 14694 S.W. 45TH ST. CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33175** ☐ Addition ☐ Change ☐ Delete TITLE TITLE RODRIGUEZ, JOSE M JR. NAME NAME STREET ADDRESS STREET ADDRESS 17400 S.W. 63RD MANOR CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33331 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OF PRINTED NAME OF SQUING OFFICER OR DIRECTOR

E M Rod Riquez 4/26/10 (305) 888 232