

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049945

1. Entity Name

D & J RIVER TOWING, INC.

Principal Place of Business

3630 N.W. NORTH RIVER DRIVE  
MIAMI FL 33142

Mailing Address

3630 N.W. NORTH RIVER DRIVE  
MIAMI FL 33142-4929

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

MARCILLE, DOUGLAS W  
501 BRICKELL KEY DRIVE  
SUITE 406  
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name

Street

City

DANIEL MC ALPIN  
3630 N.W. NORTH RIVER DR.  
MIAMI, FLORIDA 33142

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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 VSD  
NAME GRIFFIN, JAMES III  
STREET ADDRESS 3630 N.W. NORTH RIVER DRIVE  
CITY-ST-ZIP MIAMI FL

TITLE PD  
NAME GRIFFIN, JAMES J  
STREET ADDRESS 3630 NW N RIVER DR  
CITY-ST-ZIP MIAMI FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
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 reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED**  
**May 15, 2000 8:00 am**  
**Secretary of State**

05-15-2000 91453 001 \*2,250.00



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0497641

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

CR2E034 (9/99)