

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000053430

1. Entity Name

SUNCOAST TOWING & STORAGE, INC.

**FILED**  
**May 26, 2000 8:00 am**  
**Secretary of State**

05-26-2000 90115 013 \*\*\*150.00

Principal Place of Business

Mailing Address

2467 PEMBROKE ROAD  
HOLLYWOOD FL 33020

2467 PEMBROKE ROAD  
HOLLYWOOD FL 33020-5863

2. Principal Place of Business

9959 Banyan St.

3. Mailing Address

1916 Bay Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami Beach, FL

4. FEI Number

65-0540067

Applied For

Not Applicable

Zip

Country

Zip

Country

33139

U.S.A.

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

LEVINSON, EDWARD E  
407 LINCOLN ROAD  
PH-SE  
MIAMI BEACH FL 33139

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.

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	DP	<input type="checkbox"/> Delete
NAME	GONZALEZ, EDWIN F	
STREET ADDRESS	2467 PEMBROKE RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	DS	<input type="checkbox"/> Delete
NAME	FESTA, MARK	
STREET ADDRESS	2467 PEMBROKE RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GARCIA, RAUL	
STREET ADDRESS	2467 PEMBROKE RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	KRASIE, PETER	
STREET ADDRESS	2467 PEMBROKE RD.	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Edwin F Gonzalez* President *Edwin F Gonzalez* 4/30/00 6722395 (305)

CR2E034 (9/99)