

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000000054

1. Entity Name

MIAMI LAUNCH & TOWING, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90405 001 ***300.00

Principal Place of Business

Mailing Address

1835 PURDY AVE
MIAMI BEACH FL 33139

1835 PURDY AVE
MIAMI BEACH FL 33139-1425

2. Principal Place of Business

4501 N. MERIDIAN AVE.

3. Mailing Address

4501 N. MERIDIAN AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
MIAMI BEACH FL

City & State
MIAMI BEACH FL

4. FEI Number 65-0549956

Applied For
Not Applicable

Zip 33140 Country DADE

Zip 33140 Country DADE

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

TURCHIN, ROBERT L JR
1835 PURDY AVE
MIAMI BCH 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
TURCHIN, ROBERT L
1835 PURDY AVE.
MIAMI BEACH FL 33139 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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:

Robert L. Turchin Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ROBERT L. TURCHIN JR

Date

Daytime Phone #

✓ 3/6/2000 ✓ 305-332-4587

CR2E034 (9/99)