

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000052924**

1. Entity Name

ANCHOR TOWING, INC.**FILED****Mar 22, 2000 8:00 am**
Secretary of State

03-22-2000 90096 032 ***150.00

00043509



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12050 NE 14 AVE
UNIT C
MIAMI FL 33161
US

Mailing Address
12555 BISCAYNE BLVD
PMB 455
N. MIAMI FL 33181-2522
US

2. Principal Place of Business
1540 NE 131st
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
North Miami, FL
Zip
33161
Country
Dade

City & State
City
Zip
Country

4. FEI Number
65-0594510

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent
LAW OFFICE OF RANDY A. FLEISCHER, P.A.
1920 E HALLANDALE BEACH BLVD.
SUITE 600
HALLANDALE FL 33009

7. Name and Address of New Registered Agent
Name
Monica Savits
Street Address (P.O. Box Number is Not Acceptable)
1540 NE 131st
City
North Miami FL Zip Code
33161

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 *Monica Savits, president* 3-20-00
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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SAVITS, MONICA		NAME		
STREET ADDRESS	2180 NE 124ST		STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BEACH FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: *Monica Savits* 3-20-00 305-895-0388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #