

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037811

1. Entity Name

TANGO & CASH TOWING INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90107 014 ***158.75

801737



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4775 NW 2ND TERRACE
FL 33126

4775 NW 2ND TERRACE
MIAMI FL 33126-5273

2. Principal Place of Business

4717 N.W. 7 ST

3. Mailing Address

4717 N.W. 7 ST

Suite, Apt. #, etc.

310

Suite, Apt. #, etc.

310

City & State

MIAMI, FL

City & State

MIAMI, FL

Zip

Country

33126

Zip

Country

33126

4. FEI Number

65-0663101

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SPINOLA, RAFAEL
4775 NW 2ND TERRACE
MIAMI FL 33126

7. Name and Address of New Registered Agent

Name

SPINOLA RAFAEL

Street Address (P.O. Box Number is Not Acceptable)

4717 N.W. 7 ST SUITE 310

City

MIAMI

FL

Zip Code

33126

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 ☐ Delete
NAME P
STREET ADDRESS SPINOLA, RAFAEL
CITY-ST-ZIP 4775 N.W. 2 TERRACE
MIAMI FL 33126

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME P
STREET ADDRESS SPINOLA, RAFAEL
CITY-ST-ZIP 4717 N.W. 7 ST SUITE #310
MIAMI, FL 33126

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

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

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

TITLE ☐ Change ☐ 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-10-00

(305) 992-7217

CR2E034 (9/99)