

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000032838

1. Entity Name

NOLAN NORTH TOWING INC.

Principal Place of Business

19293 W. DIXIE HWY
AVENTURA FL 33180
US

Mailing Address

1941 NE 197 TERR
NORTH MIAMI BEACH FL 33179
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0745955

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPOZZI, CATHERINE
2155 NE 187 STREET
NORTH MIAMI BEACH FL 33179

7. Name and Address of New Registered Agent

Name

Capozzi, Catherine

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

1941 NE 197 Terr

City

N. M. B.

FL

Zip Code

33179

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 Catherine Capozzi

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

(NOTE: Registered Agent signature required when reinstating)

1/12/01

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, 2001 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 D
STREET ADDRESS CAPOZZI, CATHERINE
CITY-ST-ZIP 2155 NE 187 STREET
NORTH MIAMI BEACH FL 33179

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 Capozzi, Catherine
STREET ADDRESS 1941 NE 197 Terr
CITY-ST-ZIP N m B, Fl 33179

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

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

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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: Catherine Capozzi Catherine Capozzi 1/12/01 (305) 682-1230

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

27137