APR-30-01 11:05 AM EXECUTIVE ACCOUNTING..IN

5/22/

FILED
Jun 19, 2001 8:00 am
Secretary of State

05-22-2001 90624 023 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000037053

1. Entity Name

MAX IMPORTS TOWING INC.

74924

[redacted]

Principal Place of Business	Mailing Address
4032 OLD WINTER GARDEN ORLANDO, FL 32805 US	2630 RANGELEY CT ORLANDO, FL 32835 US

2. Principal Place of Business	3. Mailing Address
4032 old winter Garden Rd	
Suite, Apt #, etc	Suite, Apt #, etc
City & State: OrlAnDo FL	City & State: FL
Zip: 32805 Country: USA	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3448467 ☐ Applied For ☐ Not Applicable

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
RIFAI, YASMINE 2630 RANGELEY CT ORLANDO FL 32835	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 A. Rifai Date 06/12/01

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent signature required when reinstating)

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VP RIFAI, YASMINE c/o 4032 OLD WINTER GARDEN RD ~~ORLANDO, FL 32805~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RIFAI, ABDEL W. c/o 4032 OLD WINTER GARDEN RD ORLANDO, FL 32805 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: A. Rifai 06/12/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #