

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000051785

1. Entity Name

TRI-STAR TOWING SERVICE INC.

Principal Place of Business

600 NORTH WEST 5 ST.
MIAMI FL 33128

Mailing Address

600 NORTH WEST 5 ST.
MIAMI FL 33186-4437

2. Principal Place of Business

10658-62 S.W. 186 LN

3. Mailing Address

10658-62 S.W. 186 LN

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

65-0762110

Applied For

☒ Not Applicable

Zip

Country

33157

U.S.A

Zip

Country

33157

U.S.A

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

ABRAHAM, LANE
1443 SOUTH MIAMI AVENUE
MIAMI FL 33131

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 PS
NAME DE LA TORRE, FLORA GILES M
STREET ADDRESS 600 NW 5TH STREET
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10658-62 S.W 186 LN
CITY-ST-ZIP MIA, FLA 33157

TITLE VP
NAME DE LA TORRE, LUCIO
STREET ADDRESS 600 NW 5TH STREET
CITY-ST-ZIP MIAMI FL 33128 ☐ Delete

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 10658-62 S.W 186 LN
CITY-ST-ZIP MIA, FLA 33157

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
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: *Flora M. De La Torre* 4-21-00 305-383-1322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President Date Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)