

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000057944

1. Entity Name

KNIGHTS TOWING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90085 018 ***150.00

Principal Place of Business

KNIGHTS TOWING INC
3590 S SR 7 SUITE 242 I
MIRAMAR FL 33023
US

Mailing Address

KNIGHTS TOWING INC
3590 S SR 7 SUITE 242 I
MIRAMAR FL 33023
US

2. Principal Place of Business

3590 S. SR 7

Suite, Apt. #, etc.

SUITE #1

City & State

MIRAMAR FLORIDA

Zip

33023

Country

US

3. Mailing Address

3590 S. SR 7

Suite, Apt. #, etc.

SUITE #1

City & State

MIRAMAR FLORIDA

Zip

33023

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0770740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

YEZZI, MARIA
133 LAKE PINE CIRCLE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

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

Maria Yezzi

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-2000

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	D	<input type="checkbox"/> Delete
NAME	MIRANDA, JUAN C	
STREET ADDRESS	133 LAKE PINE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	D	<input type="checkbox"/> Delete
NAME	YEZZI, MARIA	
STREET ADDRESS	133 LAKE PINE CIRCLE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Maria Yezzi PRESIDENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-2000

Daytime Phone #

954-966-0626

CR2E034 (9/99)