## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

## FILED May 10, 2002 8:00 am Secretary of State

1. Entity Name P98 0007 0009  RAYKO TOWING CORPORATION						05-10-2002 90040 026	***150.00	
	DO NOT WRITE	IN THIS SI	PAC	E		851675		
	Place of Business 14 ST	3. Mailing Address						
Suite, Ap		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & Sta Hial	eah FL 33010	City & State			4.	FEI Number 65-0855907	Applied For Not Applicable	
Zip 33010 Country A		Zip	Country		5.	5. Certificate of Status Desired \$8.75 Additional Fee Required		
					7. N	ame and Address of Current Registered Ag	ent	
DO NOT WRITE IN THIS SPACE				Street Address (P.OBox Number is Not Acceptable)				
				7.5 E 14 ST  City Hialeah  FL Zip Code 33010				
8. The above	e named entity anomits this statement for	the purpose of changing its i	registered	H1ale office or reg	ah sistered ag	FL	Zip Code 33010	
SIGNATURE	(locali)	JORGE MARTINE	Z	Agent signature re		04-27	-02	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  January 1 - Ma After May 1 Amended Make Check Payable			ay 1 Fee 1, Fee is UBR is	is \$150.00 \$550.00 \$61.25	)	10. Election Campaign Financing     Trust Fund Contribution.	\$5.00 May Be Added to Fees	
11.	PD OFFICERS AND D	IRECTORS						
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JORGE MARTINEZ 75 E 14 St Hialeah Fl 33010		NAME STREET CITY-S	ADDRESS			CR2E034B (12/01)	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD EDUARDO YERO 75 E 14 ST		TITLE NAME STREET	ADDRESS			CR2E03	
TITLE NAME STREET ADDRESS	Hialeah Fl 33010		CITY-S TITLE NAME STREET	ADDRESS		DO NOT WOIT		
CITY-ST-ZIP			CITY-S	DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADDRESS - Zip		IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET	ADDRESS -ZIP				
TITLE NAME			TITLE					

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 on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE MARTINEZ

04-27-02

305-978-1281

Daytime Phone