

**03**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

DOCUMENT #

1. Entity Name

RAYKO TOWING CORPORATION



03 MAY 27 AM 10:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

544 SW 121 AVE

3. Mailing Address

Suite, Apt #, etc.

Suite, Apt #, etc.

DO NOT WRITE IN THIS SPACE

City & State

MIAMI FL

City & State

4. FEI Number

65-0855907

Applied For

Not Applicable

Zip

33184

Country

MIAMI DADE

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name JORGE MARTINEZ

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

544 SW 121 AVE

City MIAMI

FL

Zip Code  
33184

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of, registered agent.

SIGNATURE

JORGE A MARTINEZ

05-22-2003

Signature of principal or person in charge of registered agent and fee if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
JORGE A MARTINEZ  
544 SW 121 AVE MIAMI FL 33184

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5000198728-15  
05/27/03--01042--008 \*\*150.100

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
EDUARDO YERO  
544 SW 121 AVE MIAMI FL 33184

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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12. I hereby certify that the information submitted 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 supplement 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 10 or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-22-2003

305-978-1281

Date

Daytime Phone #

CR2E034B (12/02)

7/5/25