2000 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P98000071338						FILE	D				
1. Entity Name RIOS B TOWING SERVICES, INC.						Country S. Certificate of Status Desired September September Superior agents					
_		Malling Address 321 MW (TITM STREET MAMI R, 2012) 3. Mailing Address 1 790 NW 3RD STREET Soin, Apr. #, etc. STE # 1 Cry & State MX TATL FL 33125-4549013 A. FEI Number 65-0856482 Applied For Nor Application Nor Application Nor Application Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code or the purpose of changing its registered office or registered agent, or both, in the State of Florida. Figure 1 Movernia Florida Address of New Registered Agent Onte City FL Zip Code or the purpose of changing its registered office or registered agent, or both, in the State of Florida. Figure 1 Movernia Florida Agent Address (P.O. Box Number is Not Acceptable) Onte Flie Now/III FEE IS \$550.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 After SEPTEMBER 13, 2000 Min. will be \$750.00 In Election Campaign Financing Total Change Added to Fees Reputer Added to Fees September Agent									
Principal Place of Business Mailing Address					1 .	SECRETARY OF STATE					
						PALES OF THE PARTY	ic, r.Eau	1世24			
2. Principal P	face of Business	3. Mailing Address			+ 1						
1790 Suite, Apt.	NW 3RD STREET		D ST	REET	┤ `	DO NOT WRITE IN THIS SPACE					
STE # 1		STE # 1			ļ	Law Co.					
City & State MIAMI FL 33125-4549013		MÍAMI FL 33125-454901				65-0856482		_			
Zíp	Country	Zip	Coun	try	5. 0	Certificate of Status Desired					
	==6. Name and Address of Current F	legistered Agant			=7,28	lame and Address of New Regist	ered Agent		- Transporter P. Dec		
JUAN DE LA CRUZ RIOS Street Address (i					(P.O. B	(P.O. Box Number is Not Acceptable)					
3221 NW 17TH STREET MIAMI FL 33125							<u></u>	<u></u>	<u></u>		
	·			City			FI Zi	o Code			
8. The above	named entity submits this statement for	the purpose of changing it	s register	ed office or registe	ered age	ent, or both, in the State of Florida.	' '				
									·		
SIGNATURE .	Signature, typed or printed name of registered agent ar	nd title if applicable. (NO	TE: Registora	d Agent signature require	od when re	instating)	DATE				
	oration is eligible to satisfy its Intangible equirement and elects to do so.				i0.00						
(See criter	ria on back)	Make Check Paya	ble to De		ate.						
III.	OFFICERS AND D			Œ.	AD	DITIONS/CHANGES TO OFFICER					
NAME STREET ADDRESS	JUAN DE LA CRUZ RIOS 3221 NW 17TH STREET			E JUA FLADDRESS 179	N D	E LA CRUZ RIOS W RD STE # 1					
City-St-Zip	MIAMI FL 33125		_	-ST-ZIP MIP		FL 33125-45490			<u></u>		
TITLE NAME	}	Delete									
STREET ADDRESS CITY-ST-ZIP	_			,							
TITLE		Delete		1		 	D a	ange	☐ Addition		
NAME "Street adualess"			STRE	ET ADORESS	محدد مخيد				· · · · · · · · · · · · · · · · · · ·		
City-St-Zip Title		Thilds.					[] (t		☐ Addition		
-NAME ~		Li Deide		-		50-4/2					
STREET ADORESS City-ST-ZIP				í	-						
TITLE NAME	- -	Delete	1 -	ſ			□ cı	ange	☐ Addition		
STREET ADDRESS			STRE	et address							
TITLE	<u> </u>	Delete					□ ¢t	ange	☐ Addition		
NAME STREET ADDRESS				1		78	2				
CITY-ST-ZIP			CITY	-ST-ZIP		10		a ala a f	formatica		
indicated of the cor	certify that the information supplied with on this report or supplemental report is t poration or the receiver or trustee empoy or on an attachment with an address,	inis till in does not qualify to true and securate and that i yourd to execute this report	or the exer my signal t as regali	mption stated in S iere shall have the red by Chapter 60	ection 1 same k 7, Floric	r19.07(3)(I), Florida Statules, I furth egal effect as if made under oath; I la Statutes; and that my name app	er certity tha hat i am an c ears in Block	i ine in officer o	rormation or director Block 12 if		
changed,	See	in all ther like empowered	1	,	1	2/11/11)				
SIGNAT	URE: SIGN		VED	OH	<u> </u>	11100	Deyune Pri	one é			