

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071338

1. Entity Name
RIOS B. TOWING SERVICES, INC.

FILED
Sep 05, 2001 8:00 am
Secretary of State

06-21-2001 90001 046 ***150.00
09-05-2001 90093 032 ***408.75

Principal Place of Business
1790 NW 3RD STREET
STE. #1
MIAMI FL 33125

Mailing Address
1790 NW 3RD STREET
STE. #1
MIAMI FL 33125

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0856482

Applied For
Not Applicable

Zip

Country

Zip

Country

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

JUAN DE LA CRUZ RIOS
3221 NW-17TH STREET
MIAMI FL 33125

Name
JUAN DE LA CRUZ RIOS

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

1790 NW 3RD STREET SUITE No. 1

City MIAMI

Zip Code
FL 33125

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 \$550.00
After September 12, 2001 Fee will be \$750.00
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
NAME
STREET ADDRESS
CITY-ST-ZIP
JUAN DE LA CRUZ RIOS
1790 NW 3RD STREET, STE # 1
MIAMI FL 33125-4549 ☐ Delete

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

TITLE
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CITY-ST-ZIP
☐ Change ☐ Addition

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 supplement to 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:

\$8.75 FEE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

08-27-01

0033304 AV

CR2E034 (5/01)