FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 23, 2000 8:00 am Secretary of State DOCUMENT # P98000081860 1. Entity Name 05-23-2000 90030 001 ***300.00 WESTCHESTER TOWING SERVICE, INC. Principal Place of Business Mailing Address 9456 NORTHWEST 13TH STREET 9456 NORTHWEST 13TH STREET SUITE 67 SUITE 67 MIAMI FL 33172 MIAMI FL 33172-2810 2. Principal Place of Business 9456 NW 3. Mailing Address 13 S.L 13 ST <u>9456</u> Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 67 Applied For 4. FEI Number FL 65-0865257 MIAMI Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATIAS, JORGE D Street Address (P.O. Box Number is Not Acceptable) 9456 NW 13 ST **BAY #67** MIAMI FL 33172 3 Zip Code City FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Delete TITLE TITLE MATIAS, JORGE D NAME NAME STREET ADORESS STREET ADDRESS 9456 NORTHWEST 13TH STREET CITY-ST-ZIP 👸 CITY-ST-ZIP MIAMI FL:33172 ☐ Change ☐ Addition Delete . . TITLE . . NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13.Al 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:

SIGNATURE AND TYPEU OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR