

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000096505

1. Entity Name

NIGHT OWL TOWING, INC.

FILED

Mar 07, 2001 8:00 am  
Secretary of State

03-07-2001 90615 005 \*\*\*158.75

Principal Place of Business

Mailing Address

8300 NW 47 COURT  
LAUDERHILL FL 33351

8300 NW 47 COURT  
LAUDERHILL FL 33351

2. Principal Place of Business

10500 SUNSET STRIP

3. Mailing Address

10500 SUNSET ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
SUNRISE FL

City & State  
SUNRISE FL

4. FEI Number 65-0873666

Applied For  
Not Applicable

Zip 33322 Country BROWARD

Zip 33322 Country BROWARD

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

CASTRO, NELSON  
8300 NW 47 COURT  
LAUDERHILL FL 33351

Name

Street Address (P.O. Box Number is Not Acceptable)  
10500 SUNSET ST

City SUNRISE FL Zip Code 33322

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 *Nelson Castro*

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 \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**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 P ☐ Delete  
NAME CASTRO, NELSON  
STREET ADDRESS 8300 NW 47 CT 10500 SUNSET STRIP  
CITY-ST-ZIP LAUDERHILL FL 33351 SUNRISE FL 33322

TITLE VP ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 10500 SUNSET ST  
CITY-ST-ZIP SUNRISE FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition  
NAME PRESIDENT  
STREET ADDRESS ANDRES CASTRO  
CITY-ST-ZIP 8300 NW 47 10500 SUNSET ST  
SUNRISE FL 33322

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Nelson Castro*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-01

Date

Daytime Phone #

CR2E034 (10/00)