

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 19, 2002 8:00 am
Secretary of State

05-19-2002 90169 044 ***158.75

DOCUMENT # P98000096505

1. Entity Name

NIGHT OWL TOWING, INC.

Principal Place of Business

**10500 SUNSET STRIP
 SUNRISE FL 33322**

Mailing Address

**10500 SUNSET STRIP
 SUNRISE FL 33322**

2. Principal Place of Business

10979 NW 30 PL.

3. Mailing Address

10979 NW 30 PL.

Suite, Apt. #, etc.

H.

Suite, Apt. #, etc.

H.

City & State

SUNRISE

City & State

SUNRISE

Zip

33322

Country

BROWARD

Zip

33322

Country

BROWARD

4. FEI Number

65-0873666

Applied For

Not Applicable

5. Certificate of Status Desired

#

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CASTRO, NELSON
 10500 SUNSET STRIP
 SUNRISE FL 33322**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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]
 Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-01

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, 2002 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

TITLE **VP** ☐ Delete
 NAME **CASTRO, NELSON**
 STREET ADDRESS **10500 SUNSET STRIP**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **P** ☐ Delete
 NAME **CASTRO, ANDRES**
 STREET ADDRESS **8300 NW 47 10500 SUNSET STRIP**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **VP** ☐ Delete
 NAME **CASTRO, NELSON**
 STREET ADDRESS **10979 NW 30 PL.**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE **P** ☐ Delete
 NAME **ANDRES CASTRO**
 STREET ADDRESS **10979 NW 30 PL.**
 CITY-ST-ZIP **SUNRISE FL 33322**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
 NAME
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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 or without like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-25-01

CR2E034 (9/01)