

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 29, 2000 8:00 am
Secretary of State

02-29-2000 90169 049 ***150.00

DOCUMENT # P98000101569

1. Entity Name

S.O.S. TOWING, INC.

Principal Place of Business

Mailing Address

**1865 N.E. 146TH ST.
 N. MIAMI FL 33181**

**1865 N.E. 146TH ST.
 N. MIAMI FL 33181-1109**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0886379

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

**DINER, MANUEL
 141 N.E. 3RD AVE. STE. 601
 MIAMI FL 33132**

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, 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, 2000 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

☐ Delete

☒ Change

☐ Addition

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 PALACIOS, PABLO
 1865 N.E. 149TH ST.
 N. MIAMI FL 33181**

**TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 1865 N.E. 146TH STREET**

☐ Delete

☐ Change

☐ Addition

**TITLE
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 CITY-ST-ZIP**

**TITLE
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 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:

SIGNATURE: PABLO PALACIOS

02/21/2000

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)