03 JUN 18 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000104174

1. Entity Name: J+F TOWING OF BROWARD, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 2165 NW 19TH ST
Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL
Zip: 33311 Country: USA

3. Mailing Address: 5095 NW 57 WAY
Suite, Apt. #, etc.
City & State: CORAL SPRINGS
Zip: 33067 Country: USA

DO NOT WRITE IN THIS SPACE: 05/05/03 91787 046 18.00

4. FEI Number: 650873786 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name: MARK ADAMS
Street Address (P.O. Box Number is Not Acceptable): 8964 STATE ROAD 84
City: DAVIE FL Zip Code: 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE [signature] 4/29/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PTSD	TITLE	
NAME	GUIRAND, JEAN	NAME	
STREET ADDRESS	5095 NW 57 WAY	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE	VD	TITLE	
NAME	GUIRAND, FILBERTE	NAME	
STREET ADDRESS	5095 NW 57 WAY	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33067	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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CR2E034S (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X [signature] Jean Guirand 4/29/03 954-472-0911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #