

2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
Jul 06, 2000 8:00 am
Secretary of State

04-12-2000 90071 038 ***150.00

DOCUMENT # P99000013205

1. Entity Name

J. M. & B. TOWING, INC.

B

Principal Place of Business

2411 NW 24TH AVE
 MIAMI FL 33142

Mailing Address

2411 NW 24TH AVE
 MIAMI FL 33142-7215

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0940511

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

GARCIA, BERTANICY
 2411 NW 24TH AVE
 MIAMI FL 33142

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, 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

TITLE	PTSD	<input type="checkbox"/> Delete
NAME	GARCIA, BERTANICY	
STREET ADDRESS	2411 NW 24TH AVE	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Bertanicy Garcia

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00 305-6346304

DATE

DAYTIME PHONE #

PLEASE RESPOND BY FAX - I NEED MY EIM ASAP.
THANK YOU. Doc # P99000013205 106267

Form **SS-4**
(Rev. December 1995)
Department of the Treasury
Internal Revenue Service

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

65-0940511
OMB No. 1545-0003
8-16-99

1 Name of applicant (Legal name) (See instructions.)
J. M. & B. TOWING, INC.

2 Trade name of business (If different from name on line 1)
SAME

3 Executor, trustee, "care of" name
BERTANICY GARCIA

4a Mailing address (street address) (room, apt., or suite no.)
241 NW 24th Avenue

4b City, state, and ZIP code
MIAMI, FLORIDA

5a Business address (If different from address on lines 4a and 4b)
SAME

5b City, state, and ZIP code
SAME

6 County and state where principal business is located
MIAMI - DADE - COUNTY - FLORIDA

7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) ▶ **261-95-7907**
MS. BERTANICY GARCIA

8a Type of entity (Check only one box.) (See instructions.)

Sole proprietor (SSN) **261 95 7907**

Partnership Personal service corp.

REMIC Limited liability co.

State/local government National Guard

Other nonprofit organization (specify) ▶

Other (specify) ▶

Estate (SSN of decedent)

Plan administrator-SSN

Other corporation (specify) ▶

Trust Farmers' cooperative

Federal Government/military Church or church-controlled organization (enter GEN if applicable)

8b If a corporation, name the state or foreign country (if applicable) where incorporated

State: _____ Foreign country: _____

9 Reason for applying (Check only one box.)

Started new business (specify) ▶ **BUSINESS Began ON FEB 8-99**

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) **FEB - 9 - 1999**

11 Closing month of accounting year (See instructions.) **December**

12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) ▶ **MARCH - 1 - 1999**

13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter 0. (See instructions.)

Nonegricultural	Agricultural	Household
3	0	0

14 Principal activity (See instructions.) ▶ **TOWING SERVICES**

Is the principal business activity manufacturing? Yes No

16 To whom are most of the products or services sold? Please check the appropriate box.

Public (retail) Other (specify) ▶

Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.

Legal name ▶ **N/A** Trade name ▶ **N/A**

17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.

Approximate date when filed (Mo., day, year) City and state where filed Previous EIN

N/A **N/A** **N/A**

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.

Name and title (Please type or print clearly.) ▶ **Bertanicy Garcia**

Business telephone number (include area code) **305-223-0765**

Fax telephone number (include area code)

Signature ▶ **Bertanicy Garcia** Date ▶

Please leave blank ▶

Geo.	Ind.	Class	Size	Reason for applying

to respond by fax **(fax)**