FILED Apr 21, 2003 8:00 am Secretary of State

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P99000013815

City & State City & State City & State City & State City & State City & State Country S. Certificate of Status Desired State	150.00	04-21-2003 90340 048 ***150	AY TOWING CO.					1. Entity Nan
Suite, Apt. #, etc. Suite, Apt. #, etc. City & State State City & State S				SW 74TH CIRCLE DR	ATH CIRCLE DR 15655			15655 SW 74T APT #16
City & State Country S. Certificate of Status Desired				ling Address	3. Ma	ness	Place of Busin	2. Principal F
Section Sect	NGES	☐ CHECK HERE IF MAKING CHANGES		e, Apt. #, etc.	Suit	ot. #, etc.		
CABRERA, JOSE LUIS 15655 S.W. 74TH CIRCLE DRIVE APT 16 MIAMI FL 33193 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familia the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS TITLE OCARREA, JOSE LUIS SIGNATURE OFFICERS AND DIRECTORS TITLE OCARREA, JOSE LUIS SITERET ADDRESS SITER TADDRESS SIT	Applied For Not Applicable	65-16-046-20		City & State		City & State		
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Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 7 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 familia the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and alle if applicables. (NOTE Registered Agent signature required when renestating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS TITLE PD CAGRERA, JOSE LUIS STREET ADDRESS STREET ADDRES			Name		•			
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After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS		sinstating) DATE	red Agent signature required v	licable. (NOTE: Register	ed agent and title if app	or printed name of registere	Signature, typed	SIGNATURE
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STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12 I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119 07/3Vi). Florida Statutes fluther certify the	the information	110 07/2)(i) Florido Statuto I funta acción de altre	Y-ST-ZIP	CITY	n në sasjela dhe i n fili	information are the	autifi, at fa u	CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

(305)2342970