## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## P99000047005 DOCUMENT #

1. Entity Name

AVILA TOWING GROUP CORPORATION



**FILED** Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90169 008 \*\*\*150.00

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Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Suite, Apl. #, etc.   Cky & State   Cky & State   Cky & State   Cky & State   4. FEI Number 65-0417520   Applied For From Part Applicable For From Part App	Principal Place 681 W. 50TH S HIALEAH FL 33	TREET	;	681 W.	Mailing Address 681 W. 50TH STREET HIALEAH FL 33012								
City & State  Country  Coun	2. Principal Place of Business				3. Mailing Address					FIII <b>FB</b> iii <b>B</b> i <b>b</b> ii 1 <b>18</b> 16	HALLI ETITI	EIII IBBI	
Zip Country Zip Country S, Certificate of Status Desired S8.75 Additional Fee Required  6: Name and Address of Current Registered Agent 7: Name and Address of New Registered Agent 9: Name  AVILA, RAMON 681 W. 50TH STREET HALEAH FL 33012  6: The above named entity submits its statement for the purpose of changing its registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of registered agent, or both, in the State of Florida. Lam familiar with, and accept the obligations of Florida Lam	Suite, Apt.	#, etc.	, · = ·	Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
Country   Zip   Country   Country   Sp. Co	City & State	9		City	City & State				66-W17690				
AVILA, RAMON 681 W. 50TH STREET HIALEAH FL 33012  6. 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 and fine applicable.  6. 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, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, o	Zip	Country			Zip Coun			5. Certificate of Status Desired					
AVILA, RAMON 881 W. 50TH STREET HIALEAH FL 33012  8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent.  SIGNATURE    Spoilure, 1,000 or predictions of registered agent and the if spoilure and Agent signature required when reliabling   DATE		6. Name	and Address of C	urrent Registere	d Agent			7.1	Name and Address of New Reg	istered Agent			
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 familiar with, and accept the obligations of registered agent.  SIGNATURE  Signative, hydref or privided name of registered agent and title 4 applicable. (NOTE: Registered Agent agentaive required when reinstating)  After May 1, 2003 Fee will be \$550.00  Make Check Payable to Florida Department of State  Trust Fund Contribution.   \$55,00 May, Be. Added to Foes  Make Check Payable to Florida Department of State  Trust Fund Contribution.   \$55,00 May, Be. Added to Foes  Make Check Payable to Florida Department of State  PD   OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   OFFICERS AND DIRECTORS	681 W. 50TH STREET							ss (P.O. B	lox Number is Not Acceptable)				
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 familiar with, and accept the obligations of registered agent.  SIGNATURE    Souther, types or printed name of registered agent and the flappicable.   (NOTE Registered Agent signature recuised when reliefed agent segment reliefe	·	L 33012						*****		FL Zip	Code		
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State  **TOP TOP TOP TOP TOP TOP TOP TOP TOP TOP				ment for the purp	ose of changing its	registere	d office or regi	stered ag	ent, or both, in the State of Florid		with, and	d accept	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State    Commonweight   Commo	SIGNATURE .	Signature, typed	or printed name of registe	red agent and title if appl	licable. (NOT	E: Registered	Agent signature rec	uired when re	sinstating)	DATE			
PD	* After	May 1, 200	3 Fee will be \$5	50.00			ميسمتناون ي		Trust Fund Contribution.		Added to	Fees	
REYES, MIGUEL ANGEL 681 W. 50TH STREET HIALEAH FL 33012  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-			OFFICER	S AND DIRECTO	RS	11.		AD	DITIONS/CHANGES TO OFFICE				
NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	REYES, MI 681 W. 501	TH STREET		☐ Delete	NAME STREE	ET ADDRESS			∐ Ch	ange [	Addition   8	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS	AVILA, RAN 681 W. 501	th street		☐ Delete	NAME STREE	ET ADDRESS			☐ Ch	ange [	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS	THALLATT			☐ Delete	NAME STREE	ET ADDRESS	<del></del>		□ Cn	ange (	∃-Addition=	
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NAME STREET ADDRESS CITY-ST-ZIP  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	. TITLE NAME STREET ADDRESS CITY-ST-ZIP				į.	TITLE NAME STREE CITY-	ET ADDRESS 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**