2001 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2001 8:00 am DOCUMENT # P9900082461 **Secretary of State** 1. Entity Name 02-07-2001 90158 017 ***150.00 ORTEGA TOWING SERVICES, INC. Principal Place of Business Mailing Address 1120 E. 6TH CT. 1120 E. 6TH CT. HIALEAH FL 33010 HIALEAH FL 33010 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0951320 Not Applicable Country ـ . ج. Zip Zip \$8.75 Additional 5._Certificate of Status Desired 🗻 - 🗔 _ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ORTEGA, MARIO Street Address (P.O. Box Number is Not Acceptable) 1120 E. 6TH CT. HIALEAH FL 33010 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00) 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be — After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS PSTD CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change ORTEGA, MARIO NAME NAME STREET ADDRESS STREET ADDRESS 1120 E. 6TH CT. CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL 33010 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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

of the corporation or the receiver or trustee empowered to execute this report as required by changed, or on an attachment with an address, with all other like empowered.

FILED