

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 19, 2000 8:00 am**  
**Secretary of State**

05-19-2000 90056 029 \*\*\*150.00

**DOCUMENT # P99000090415**

1. Entity Name

**EASYWAY TOWING CORP.**

Principal Place of Business

905 NORTHEAST 4TH AVENUE  
 FORT LAUDERDALE FL 33304

Mailing Address

905 NORTHEAST 4TH AVENUE  
 FORT LAUDERDALE FL 33304-1941

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

58-2497815

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**SPIEGEL & UTRERA, P.A.**  
**343 ALMERIA AVENUE**  
**CORAL GABLES FL 33134**

7. Name and Address of New Registered Agent

Name

*Juliana Aquilino*

Street Address (P.O. Box Number is Not Acceptable)

*3961 N. Federal Hwy*

City

*Pompano Beach*

FL

Zip Code

*33064*

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	PD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUES, FLAVIO R	
STREET ADDRESS	905 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CAETABO, JOAO B	
STREET ADDRESS	905 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	RODRIGUES, ADRIANO J	
STREET ADDRESS	905 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CARNEIRO, MAURICIO V	
STREET ADDRESS	905 NORTHEAST 4TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33304	
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	President - Vice Pres - Treas - Secy	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Carneiro Mauricio V	
STREET ADDRESS	905 NE 4th Avenue	
CITY-ST-ZIP	Fort Laud - FL 33304	
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:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/6/2000* *954.786-7180*  
 Date Daytime Phone

CR2E034 (9/99)