

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000097636

Entity Name

Gamboli & Cus Towing, Inc

FILED
Aug 17, 2000 8:00 am
Secretary of State

07-19-2000 90154 019 ***150.00

Principal Place of Business Mailing Address

850 E 6th St
Hialeah, FL 33010

Principal Place of Business

3. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0960307

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Rafael Dominguez
850 E 6th St
Hialeah, FL 33010

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 of Registered Agent or authorized officer or director)

(NOTE: Registered Agent signature required when changing)

DATE

9. This corporation is eligible to satisfy its intangible
tax filing requirement and elect 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	☐ Delete
NAME	YAIMA Molina	
STREET ADDRESS	850 E 6 th St	
CITY-ST-ZIP	Miami, FL 33012	
TITLE	VP	☐ Delete
NAME	DOMINGUEZ, Rafael	
STREET ADDRESS	850 E 6 th St	
CITY-ST-ZIP	Miami, FL 33012	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (11)

TITLE	Rafael Dominguez	☒ Change ☐ Addition
NAME	850 E 6 th St	
STREET ADDRESS	Hialeah, FL 33010 P.D.	
CITY-ST-ZIP		
TITLE	Yaima Molina	☒ Change ☐ Addition
NAME	850 E 6 th St	
STREET ADDRESS	Hialeah, FL 33010 U.D.	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ 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:

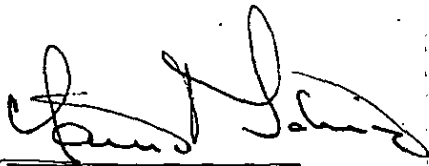
(Signature and Typed or Printed Name of Signing Officer or Director)

Attachment
D# 98000 97636
[REDACTED]
107535

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from Division of Corporations, I am attaching a check in the amount of \$150.00 for the annual reports fee with my application.

I also state that I have not received any notice from the Division of Corporations in respect with my corporation **GAMBOLI & CRIS TOWING, INC.** Thank you for your courtesy in this matter.



YAIMA MOLINA
President