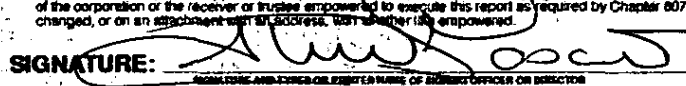


FILED

03 JUN 23 PM 2:00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000097636					
1. Entity Name GAMBOLI & CRIS TOWING, INC.					
Principal Place of Business 7536 W. 5 LANE HALEAH, FL 33014			Mailing Address 7536 W. 5 LANE HALEAH, FL 33014		
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 65-0860307				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DOMINGUEZ, RAFAEL 7536 W 5 LANE HALEAH, FL 33014				7. Name and Address of New Registered Agent Name: Alina Maxson Street Address (P.O. Box Number is Not Acceptable): 7536 W 5 Lane City: Hialeah, FL Zip Code: 33014	
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed on printed name of registered agent and date 1 April 2003 Printed Registered Agent Signature (printed) when available DATE					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS					
TITLE	P	NAME	DOMINGUEZ, RAFAEL	☒ Delete	
STREET ADDRESS	850 E 6TH ST	CITY-ST-ZIP	HALEAH, FL 33010		
TITLE		NAME		☐ Delete	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Delete	
STREET ADDRESS		CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE		NAME	Alina Maxson	☐ Change ☒ Addition	
STREET ADDRESS		CITY-ST-ZIP	7536 W 5 Lane Hialeah, FL 33014		
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Change ☐ Addition	
STREET ADDRESS		CITY-ST-ZIP			
TITLE		NAME		☐ Change ☐ Addition	
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 199.07(3)(c), 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 10 or Block 11 if changed, or on an attachment to this document, and that I am empowered.					
SIGNATURE:  5/15/03 863-2249.					

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