

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 13, 2003 8:00 am
Secretary of State

06-13-2003 90057 045 ***150.00

DOCUMENT # P99000099673

1. Entity Name
FIVE STAR TOWING SERVICES, INC.



Principal Place of Business
3318 S ANDREWS AVE
FORT LAUDERDALE FL 33316

Mailing Address
12291 NW 10 ST
PEMBROKE PINES FL 33026

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0959567

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOLDENBERG, SCOTT T
12291 NW 10 ST
PEMBROKE PINES FL 33026

Name *Keith Perry*

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

2040 NW 85 WAY

City *Pembroke Pines*

FL

Zip Code

33024

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

Keith J Perry

04-29-03

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when filing.)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ P
NAME GOLDENBERG, SCOTT T
STREET ADDRESS 12291 NW 10 ST
CITY-ST-ZIP PEMBROKE PINES FL 33026

☐ Delete

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*P.T. Keith Perry
2040 NW 85 WAY
Pembroke Pines FL 33024*

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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 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 807, 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 empowerment.

SIGNATURE:

SIGNATURE REQUIRED

President

Date

Daytime Phone #

*Scott Goldenberg
04/20/03 (351) 6805311*

CR2E034 (10/02)