

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 08, 2003 8:00 am
Secretary of State

09-08-2003 90310 046 ***150.00

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DOCUMENT # S16223

1. Entity Name

TOWSAFE, INC.



Principal Place of Business

**16271 NW 87 CT
MIAMI FL 33018-6314**

Mailing Address

**16271 NW 87 CT
MIAMI FL 33018-6314**

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 **65-0225348**

Applied For

Not Applicable

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

**LLORENS, AMADA J
16271 NW 87TH CT
MIAMI FL 33018**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00
After September 10, 2003 Fee will be \$750.00
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 **PDS** ☐ Delete
NAME **LLORENS, AMADO J.**
STREET ADDRESS **16271 NW 87TH CT**
CITY-ST-ZIP **MIAMI FL 33018-6314**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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 607, 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 empowered.

SIGNATURE:

Amado J. Lorens **REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/03/2003 *305-888-3333*

Date

Daytime Phone #

CR2E034 (4/03)

Attachment



1 800 TOWSAFE

90154955
#516223

To: DIVISION OF CORPORATIONS
UNIFORM BUSINESS REPORT FILINGS
P.O. BOX 1500 TALLAHASSEE, FL. 32302-1500

Sept. 3, 2003

From TOWSAFE, INC.
16271 NW 87 CT
MIAMI, FL. 33018-6314

Dear Sir:

Subject: 2003 Uniform Business Report

We have not received the prior notice for 2003 Uniform Business Report.

Enclosed you will find the 2003 Uniform Business Report signed as requested with a payment of \$150.00..

Sincerely,

Amado Llorens
President
Towsafe, Inc.

Enclosure (1)

ajl
cc:

16271 NW 87th Court
Miami, Florida 33018
Phone 305-888-3333

