## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## FILED DOCUMENT # \$19387 Jan 20, 2000 8:00 am **Secretary of State** I & I TOWING SERVICE, INC. 01-20-2000 90170 017 \*\*\*150.00 Mailing Address Principal Place of Business % IBRAHIM GALVEZ % IBRAHIM GALVEZ 8285 W 18TH LANE DR 8285 W 18TH LANE DR HIALEAH FL 33014 HIALEAH FL 33014-3255 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 150235543 Applied For City & State City & State -:65 0205 145 Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GALVEZ, IBRAHIM Street Address (P.O. Box Number is Not Acceptable) 8285 W 18 LN DR HIALEAH FL 33014. Zip Code Citỳ 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or roth, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required 15%en reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Delete TITLE GALVEZ, IBRAHIM NAME STREET ADDRESS STREET ADDRESS 8285 W 18 LN DR CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.