**FILED** 

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Aug 01, 2002 8:00 am Secretary of State **DOCUMENT#** V63265 1. Entity Name 08-01-2002 90169 014 \*\*\*150.00 FATHER & SON TOWING, INC. Principal Place of Business Mailing Address 3500 NW 67TH STREET 3500 NW 67TH STREET MIAMI FL 33147 MIAMI FL 33147 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0359555 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SALAZAR, FELIPE Street Address (P.O. Box Number is Not Acceptable) 3500 NW 67TH STREET MIAMI FL 33147 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE (4/02)Delete TITLE Addition NAME SALAZAR, FELIPE NAME STREET ADDRESS 3228 NW 68TH ST. STREET ADDRESS **CR2E034** CITY-ST-ZIP MIAMI FL 33147 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SALAZAR, JORGE NAME STREET ADDRESS 4951 SW 132 AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33175 TITLE ☐ Delete TITLE Change NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete. TITLE Change ☐ Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

7-/26/02 305-887-5018

Attackment

FATHER & SON TOWING, INC.

d/b/a GALACTIC TOWING 3500 N.W. 67 St. • Miami, FL 33147 Tel: (305) 633-9001 676237

Miami, July 25, 2002

Division of Corporation P.O. Box 1500 Tallahassee, Fl 32302-1500

Ref: Document #V63265

As per our phone conversation this note is to inform that I just received the UBR form.

I explained that is not normal, I received only this form with red letters where says that I am late, you must have the first, one returned by the mail o the mail service didn't made their job correctly.

Please accept my payment and lateness.

Felipe Salazar President