

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

AMENDED

09-17-2002:90087 012 ****61.25
TEL 817612

02 SEP 23 PM 1:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

125489

DOCUMENT # K17612

1. Entity Name

AUTO LIEN + RECOVERY INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

6405 N.W. 36 ST.

Suite, Apt. #, etc.

200

3. Mailing Address

P.O. BOX 52-4213

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

MIAMI FL

Zip

33166

Country

MIAMI-DADE

Zip

33152

Country

MIAMI-DADE

4. FEI Number

65-00456622

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

EDWARD PROLI

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

3521 N.W. 126 AVE

City

MIAMI

FL

Zip Code
33175

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.

SIGNATURE

Edward Proli

EDWARD PROLI

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
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PS
PROLI, EDWARD
3521 S.W. 126 AVE
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JUDITH WEBB-PROLI
3521 S.W. 126 AVE
MIAMI FL 33175

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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IN THIS SPACE**

CR2E034B (12/01)

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 on an attachment with an address, with or without like empowered.

SIGNATURE: *Edward Proli* EDWARD PROLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/28/02 305 597-9970

Date

Daytime Phone #