2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000108106

1. Entity Name

EDDY TOWING & WRECKER SERVICE INC.



FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90145 019 ***150.00

EDDY TOWING & WRECKER SERVICE INC.										
Principal Place of Business 940 N.W. 35TH AVE MIAMI FL 33125		940 N	Mailing Address 940 N.W. 35TH AVE MIAMI FL 33125							
)
2. Principal I	Place of Business	3. Mail	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.					☐ CHECK HERE IF MAK	NG CHANGES	3
City & Sta	te	City & State					4. F	65-1061607		Applied For Not Applicable
Zip	Country Zip			Country			5. C	Certificate of Status Desired	\$8.75 Ad	
	6. Name and Address of Curren	Registere	gistered Agent				7. Name and Address of New Registered Agent			
					Name			•		
	EDUARDO J 35TH AVE		Street Addr			ddress (P.	s (P.O. Box Number is Not Acceptable)			
MIAMI FL	· =									
•					City				Zip Co	de
8. The above the obligation	e named entity submits this statement fitions of registered agent.	or the purpo	ose of changing its	registere	ed office or	registere	d age	ent, or both, in the State of Florida.	m familiar with	, and accept
SIGNATURE	Signature, typed or printed name of registered agen	and title if appl	licable. (NOTE	: Registere	d Agent signate	ure required w	rben rei	instating} DAT	=	
	FILE NOW!!! FEE IS \$150.00	· ·								
Afte	r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of		State					Selection Campaign Financing Trust Fund Contribution.		00 May Be ed to Fees
10.	OFFICERS AND	DIRECTOR	RS	11.			ADI	DITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	3S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TOSAR, EDUARDO J 940 N.W. 35TH AVE				E Et adoress				☐ Change	☐ Addition
TITLE	MIAMI FL 33125		□ Delete	TITLE	-ST-ZIP					
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete	NAME STREE					☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			- Delete -	NAME STREE	E Et address -St-zip	J	÷	The second secon	-~1 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A	A **E	☐ Delete	TITLE NAME STREE	-	- 14-	**	1.725.41.1	☐ Change	Addition
12. I hereby d	ertify that the information supplied with	this filing o	does not qualify for t	he even	nntion state	ed in Sect	ion 11	19.07(3Vi) Florida Statutos I further o	ortifu that the i	nformation

2. 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:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/03 305/636422