FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

	CUMENT # H898	05 (6)								
	UZZ WRECKER SERVICE, INC	,				 		8 # 4 1 1 8 10 10	<u> </u>	
Principa	If Place of Business	Mailing Address								
3600 NW 95TH STREET 3600 NW 95TH STREET										
	II FL 33147	MIAMI FL 33147								
						3. Date Incorporated or Qualified		e of Last R	•	
a Prince	sipal Place of Business	2a. Mailing Address	Mailing Address			12/12/1985 4. FEI Number		3/27/19		4
21	za. Mailing Address					59-2634995		h	Applied For Not Applicable	,
	e, Apt. #, etc.					5. Certificate of Status Desired	SR 75 Addition			\exists
22		27				9. Certificate of Status Desired			Required	
City	& State	City & State	City & State			Election Campaign Financing Trust Fund Contribution			O May Be d to Fees	
Zip	Country					8. This corporation has liability for intangible tax under s 199.032,				
24	25 g. Name and Address of Curr	29 ent Registered Agent	30	T		Florida Statutes XYes No 10. Name and Address of New Registered Agent				\dashv
************				81	Name	10.				\dashv
FERNANDEZ, MARIA					Street Addre	dress (P.O. Box Number is Not Acceptable)				-
3600 NW 95TH STREET				82	Street Addre	Oress (1.0. Dox Morride: 15 Not Acceptable)				
M	IAMI FL 33147			83						
				84	City		FL	85 Zip	Code	-
11. Pur	suant to the provisions of Sections 607.05	02 and 607.1508, Florida Statut	es, the abo	ve-na	amed corpora	ition submits this statement for the pur	pose of ch	anging its r	egistered offic	e
Or r	egistered agent, or both, in the State of Flo iliar with, and accept the obligations of, Se	orida. Such change was authoriz	ed by the c	corpo	oration's board	d of directors. I hereby accept the appo	ointment as	registered	agent. I am	
SIGNAT				چە مىرى						
12.		Styriature, typoid or printed namic of registered agent and little if applicable. [Ni OFFICERS AND DIRECTORS		Agent	signature required	ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTO	RS IN 12	۔ اؤ
TITLE	PD	☐ DELETE	1. 1 THTLE			7,001,010,017,020,10,011	 	Change	Addition	CROE034 (12/95)
NAME	FERNANDEZ, NELSON		1.2 N	AME						2
STREET AL	***************************************			1.3 STREET ADDRESS						ļŭ
CHY-SI-		f December		TY-ST	- ZIP				Pro Autoria	_ }
TITLE	VD	DETELE	2.11					Change	Addition	`
NAME STREET AD	·	FERNANDEZ, MARIA 3600 NW 95TH STREET		2.2 NAME 2.3 STREET ADDRESS						ł
CITY-S1	A		2.4 0							
Till	SO SO	DELETE	3.17					Change	Addition	\dashv
NAME	FERNANDEZ, RAQUEL	^	3.2 N	AME						
STREET AC			3.3 S		ADDRESS					
CITY-ST-	7/P MIAMI FL			TZ-YT	- ZIP					_
TILE		☐ DELETE	4.11					Change	Addition	ĺ
NAME			4.2 N							
STREET AD					ADDRESS					
CHY-ST	ZiP	DELETE	4.4 CI 5. 1 T	ITY-ST	- ZIP			Change	☐ Addition	\dashv
NAME		[] beter	5.1 t					onange	Audition	
STREET AE	IDRESS				ADDRESS					
CHY-ST				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						
TITLE	· · · · · · · · · · · · · · · · · · ·			5. 1 TITLE				Change	Addition	\dashv
NAME				6.2 NAME				-		
STREET AD	DRESS		638	TREET A	ADDRESS					
CITY-ST-	,			IY-ST	- ZiP					
4 A 1 at-	barab coadify that the information were alle	A		41 - 4 -		while automobiles stated in Cartie - #40	OZIOVIA EL	del Ores a		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or an an attachment with an address.

NING OFFICER OR DIRECTOR

SIGNATURE:

996 335

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