

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90139 005 ***150.00

DOCUMENT # M37559

1. Entity Name
A & M TOWING & WRECKER SERVICES, INC.



Principal Place of Business

~~11040 SW 176ST~~

~~MIAMI FL 33157~~

US

Mailing Address

~~11040 SW 176ST~~

~~MIAMI FL 33157~~

US

2. Principal Place of Business

12855 SW 87 AVE

Suite, Apt. #, etc.

3. Mailing Address

3655 S. LEJEUNE RD

Suite, Apt. #, etc.

City & State

MIAMI FL

City & State

COCONUT GROVE FL

Zip

Country

DADE

Zip

Country

DADE

4. FEI Number **59-2721865**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GOMEZ, ANTHONY S

~~11040 SW 176ST~~

~~MIAMI FL 33157~~

7. Name and Address of New Registered Agent

Name

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

3655 S. LEJEUNE RD

COCONUT GROVE

FL

Zip Code

33146

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete

NAME **GOMEZ, ANTHONY S.**

STREET ADDRESS **11040 SW 176ST**

CITY-ST-ZIP **MIAMI FL 33157**

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☒ Change ☐ Addition

NAME **3655 S. LEJEUNE RD**

STREET ADDRESS **COCONUT GROVE FL 33146**

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

12. 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 information empowered.

SIGNATURE:

ANTHONY S. GOMEZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/03 305 233 0791
Date Daytime Phone #

CR2E034 (10/02)