2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 24, 2002 8:00 am
Secretary of State
05-23-2002 90079 013 ****61.25

DOCUMENT # N01000004719

1. Entity Name

PROFESSIONAL WRECKER OPERATORS OF FLORIDA, BROWA RD DIVISION INC

Principal Place of Business	Mailing Address
4601 OAKES RD. DAVIE FL 33314	P.O. BOX 6130 HOLLYWOOD FL 33021

39512

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4971 SW 34 PLACE	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL	City & State
Zip: 33314 Country: Broward	Zip Country

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUCHA, MICHAEL 4601 OAKES RD. DAVIE FL 33314	Name: Mike Mucha Street Address (P.O. Box Number is Not Acceptable): 4971 SW 34 Place City: Davie FL Zip Code: 33314

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 _____ 7.19.02

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

After September 13, 2002, min. will be $236.25.

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MUCHA, MICHAEL 4601 OAKES RD. DAVIE FL 33314	☐ Delete	D Mucha, Mike 4971 SW 34 Pl Davie Fl. 33314	☒ Change	☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT OWENSBY, WAYNE 4601 OAKES RD. DAVIE FL 33314	☒ Delete	D Partin, Mike 4971 SW 34 Pl Davie Fl 33314	☐ Change	☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	D Solss, Curtis 4971 SW 34 Pl Davie Fl 33314	☐ 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		☐ Delete		☐ Change	☐ Addition

CR2E037 (4/02)

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 617, 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: SIGNATURE REQUIRED 7/19/02 954-584-0039

SIGNATURE AND TITLE/STATUS PRINTED NAME OF PERSON AUTHORIZED DAYTIME TELEPHONE NUMBER

5/23/2002-90079-013-$61.25-$61.25

2002 UNIFORM BUSINESS REPORT (UBR)

39612 Attachment

DOCUMENT # N01000004719

1. Entity Name

PROFESSIONAL WRECKER OPERATORS OF FLORIDA, BROWARD DIVISION INC

Principal Place of Business	Mailing Address
4601 OAKES RD. DAVIE FL 33314	P.O. BOX 6130 HOLLYWOOD FL 33021

2. Principal Place of Business	3. Mailing Address
4971 SW 34 PL	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Davie FL	City & State
Zip: 33314 Country: USA	Zip Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number — ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MUCHA, MICHAEL 4601 OAKES RD. DAVIE FL 33314	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PS MUCHA, MICHAEL 4601 OAKES RD. DAVIE FL 33314	Address change. 4971 SW 34 PL Davie FL 33314 ☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Address change. 4971 SW 34 PL Davie FL 33314 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT OWENSBY, WAYNE 4601 OAKES RD. DAVIE FL 33314	☒ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	~~Vice~~ Partous, Mike 4971 SW 34 PL Davie FL 33314 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Curtis Solas~~ ~~4971 SW 34 PL~~ ~~Davie FL 33314~~	☐ Delete	TITLE D NAME STREET ADDRESS CITY-ST-ZIP	Curtis Solas 4971 SW 34 PL Davie FL 33314 T ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/01)

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 617, 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: SIGNATURE REQUIRED 4-29-02 954-584-0039

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #