

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000000741

1. Entity Name

QUALITY TOWING & AUTO SALES, CORP.

**FILED**  
**Apr 03, 2000 8:00 am**  
**Secretary of State**

04-03-2000 90208 007 \*\*\*158.75

Principal Place of Business

Mailing Address

1407 SW 65 AVE  
WEST MIAMI FL 33144

1407 SW 65 AVE  
WEST MIAMI FL 33144

2. Principal Place of Business

8346 NW S. RIVER DR.

3. Mailing Address

SAME

Suite, Apt. #, etc.

BAY - J

Suite, Apt. #, etc.

City & State

MEDLEY FL.

City & State

4. FEI Number

65-0972552

Applied For

Not Applicable

Zip

33166

Country

US

Zip

Country

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

PUIG, ALEJENDRO  
1407 SW 65 AVE  
WEST MIAMI FL 33144

7. Name and Address of New Registered Agent

Name

SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/30/2000

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

X

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

X

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE ☐ Delete  
NAME D, P ADDITION  
STREET ADDRESS PUIG, ALEJANDRO  
CITY-ST-ZIP 1407 SW 65 AVE  
WEST MIAMI FL 33144

TITLE ☐ Delete  
NAME D, VP  
STREET ADDRESS VIERA, ROMMEL  
CITY-ST-ZIP 16695 NW 2 ST NO 110  
MIAMI FL 33172

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEJANDRO PUIG 3/30/2000 305-883-7071

Date

Daytime Phone #

CR2E034 (9/99)