

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 07, 2001 8:00 am
Secretary of State

05-07-2001 90031 036 ***150.00

DOCUMENT # P00000048034

1. Entity Name

HEAVENLY WRECKERS, INC.

Principal Place of Business

3840 E. S.R. 46
SANFORD FL 32771

Mailing Address

3840 E. S.R. 46
SANFORD FL 32771

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3646952

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

ALFONSO, JORGE
3840 E. S.R. 46
SANFORD FL 32771

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME ALFONSO, JORGE
STREET ADDRESS 600 LOYALTY DR.
CITY-ST-ZIP DELTONA FL 32738

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

TITLE VD ☐ Delete
NAME ALFONSO, JOSE R
STREET ADDRESS 208 HEDGEWOOD AVE.
CITY-ST-ZIP DELTONA FL 32738

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

TITLE VD ☐ Delete
NAME ALFONSO, VICTOR
STREET ADDRESS 7456 KALANI ST.
CITY-ST-ZIP ORLANDO FL 32822

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 708 IBIS AVE
CITY-ST-ZIP Deltona, FL 32738

TITLE TD ☐ Delete
NAME ALFONSO, PATRICIA A
STREET ADDRESS 600 LOYALTY DR.
CITY-ST-ZIP DELTONA FL 32738

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

TITLE SD ☐ Delete
NAME ALFONSO, MONICA C
STREET ADDRESS 208 HEDGEWOOD AVE.
CITY-ST-ZIP DELTONA FL 32738

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

TITLE ☐ Delete
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

JORGE ALFONSO

4-25-01

Date

(407)321-8474

Daytime Phone #

CR2E034 (10/00)