

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State

04-11-2001 90070 050 ***150.00

DOCUMENT # P00000085281

1. Entity Name

PAYLESS WRECKER, INC.

Principal Place of Business

~~1569 WEST 38 PLACE~~
~~HIALEAH FL 33012~~

Mailing Address

~~1569 WEST 38 PLACE~~
~~HIALEAH FL 33012~~

00034101

2. Principal Place of Business

2121 NW 139 ST

3. Mailing Address

2121 NW 139 ST.

Suite, Apt. #, etc.

Bay 19

Suite, Apt. #, etc.

Bay 19

City & State

OPALOCKA, FL.

City & State

OPALOCKA, FL.

Zip

33054

Country

USA

Zip

33054

Country

USA

4. FEI Number

65-1039088

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, MARTHA M
~~1569 WEST 38 PLACE~~
~~HIALEAH FL 33012~~

7. Name and Address of New Registered Agent

Name

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

717 West 63rd Drive

City

Hialeah,

FL

Zip Code

33012

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

@ MARTHA M. GONZALEZ

Martha M. Gonzalez

4/5/01

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

TITLE	PTVS	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARTHA M	
STREET ADDRESS	1569 WEST 38 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, MARTHA M	
STREET ADDRESS	1569 WEST 38 PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2121 NW 139 ST Bay 19	
CITY-ST-ZIP	OPALOCKA, FL. 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	2121 NW 139 ST Bay 19	
CITY-ST-ZIP	OPALOCKA, FL. 33054	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Martha M. Gonzalez

MARTHA M. GONZALEZ

Date

4/5/01 (305) 681-1235

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)