

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90095 040 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000115183

1. Entity Name

A.A.A. ACTION TOWING OF HALLANDALE, INC.

Principal Place of Business

214 NW 1ST AVENUE

HALLANDALE, FL. 33009-4002

US

Mailing Address

214 NW 1ST AVENUE

HALLANDALE, FL. 33009-4002

US

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

65-1066300

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75

Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ESCANDON, HARRY
5229 SW 40TH AVE.
UNIT 41
FT. LAUDERDALE, 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

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, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing

☐ \$5.00

Trust Fund Contribution.

May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P D
NAME ESCANDON, HARRY
STREET ADDRESS 5229 SW 40TH AVE., UNIT #41
CITY - ST - ZIP FT. LAUDERDALE, FL. 33314

☐ Delete

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☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)