

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90131 041 ***150.00

UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000028827

1. Entity Name

MORANS TOWING & RECOVERY, INC.

11031210

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1126 NW 17TH AVE

Suite, Apt. #, etc.

3. Mailing Address

2655 NE 186TH TERRACE

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
HOLLYWOOD, FL

City & State
NORTH MIAMI BEACH, FL

4. FEI Number

01-0639139

Applied For

Not Applicable

Zip

Country

33020

Zip

Country

33180

USA

5. Certificate of Status Desired



\$8.75 Additional

Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

JOHN J. MORAN

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

1126 N 17TH AVE

City

HOLLYWOOD

FL

Zip Code

33020

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

John J. Moran

JOHN J. MORAN

4/26/2003

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution.



\$5.00 May Be

Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JOHN J. MORAN 1126 N 17TH AVE HOLLYWOOD, FL 33020
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOSEPH T. MORAN 1126 N 17TH AVE HOLLYWOOD, FL 33020
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**DO NOT WRITE
IN THIS SPACE**

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 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

John J. Moran

JOHN J. MORAN

4/26/2003

305-932-4994

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #