

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

ATX1

FILED

**May 25, 2005 08:00 AM
Secretary of State**

DOCUMENT # P02000074982
1. Entity Name A & D TOWING SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 12764 S.W. 46 LANE Suite, Apt #, etc		3. Mailing Address SAME Suite, Apt #, etc	
City & State MIAMI, FL		City & State	
Zip 33175	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0735987	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$875 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name DAVID M. VENEREO	
Street Address (P.O. Box Number is Not Acceptable) 12764 S.W. 46 LANE	
City MIAMI	Zip Code 33175

**DO NOT WRITE
IN THIS SPACE**

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 *[Signature]* **DATE** 5/19/05

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25

9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PRESIDENT	NAME DAVID M. VENEREO
STREET ADDRESS 12764 S.W. 46 LANE	
CITY-STATE-ZIP MIAMI, FL 33175	

11.

**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: DAVID M. VENEREO *5/19/05* 305-299-9508
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

000000368282
05/25/05-80007-005 150.00