

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 21, 2003 8:00 am**  
**Secretary of State**

03-21-2003 90125 037 \*\*\*150.00

UNIFORM UBR

**DOCUMENT # P02000104518**



1. Entity Name  
**A E TOWING & RECOVERING, INC.**

Principal Place of Business      Mailing Address  
~~801 W 49TH ST #224~~      ~~801 W 49TH ST #224~~  
~~HIALEAH FL 33012~~      ~~HIALEAH FL 33012~~

2. Principal Place of Business      3. Mailing Address  
**4201 NW 192 ST**      **4201 NW 192 ST**  
Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**MIAMI FL**      **MIAMI FL**  
Zip      Country      Zip      Country  
**33055**      **U.S.A.**      **33055**      **U.S.A.**

4. FEI Number      Applied For  
**x 51-0430373**      Not Applicable

5. Certificate of Status Desired            \$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

**ESPINOSAURA, AURA A**  
~~801 W 49TH ST #224~~  
~~HIALEAH FL 33012~~

Name  
Street Address (P.O. Box Number is Not Acceptable)  
**4201 N.W 192 ST**  
City      State      Zip Code  
**MIAMI**      **FL**      **33055**

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>ESPINOSA, AURA A</b> <del>801 W 49TH ST #224</del> <del>HIALEAH FL 33012</del>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4201 N.W 192 ST</b> <b>MIAMI FL 33055</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **x SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/18/03 (305) 628-4478**  
Date      Daytime Phone #

CR2E034 (10/02)