

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

11/2

DOCUMENT # P02000121454

1. Entity Name

ELITE TOWING & TRANSPORTATION INC.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 SEP 25 AM 10:00



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business

14291 SW 38TH ST
MIAMI FL 33175

Mailing Address

14291 SW 38TH ST
MIAMI FL 33175

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

☒ Applied For

☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VELAZQUEZ, ANTHONY
14291 SW 38TH ST
MIAMI FL 33175

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. 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 \$550.00

After September 10, 2003 Fee will be \$750.00

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 ☐ Delete
P
VELASQUEZ, ANTHONY
STREET ADDRESS
14291 SW 38TH ST
CITY- ST- ZIP
MIAMI FL 33175

TITLE NAME ☐ Change ☐ Addition
900023317199
09/25/03--01017--006 **150.00

TITLE NAME ☐ Delete
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
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TITLE NAME ☐ Delete
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TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY- ST- ZIP

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:

Anthony Velazquez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/03

Daytime Phone

CR2E034 (4/03)

212
Miami, Sept.10,2003

Florida Dept. of State
Tallahassee, Fl.

Dear Sir/Madam:

The Uniform Business Report enclosed was
the first and the only one report that we
received by mail from your department.

Very truly yours,


Anthony Velasquez