

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

DOCUMENT # **P93000069127**

1. Entity Name
H/H Towing & Wrecking Service Corp

FILED

08 JUN 30 PM 2:28

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
13980 SW 158 ST
Suite, Apt. #, etc.

3. Mailing Address
PO Box 770426
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami FL
Zip
33177

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Miami FL
Zip
33177

4. FEI Number
65-0442403

Applied For
☐ Not Applicable

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
KATELYNN HERRERA

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

13980 SW 158th Street

City
Miami FL Zip Code
33177

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 **Katelynn Herrera**
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)

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
HERRERA Katelynn
13980 SW 158 ST
Miami FL 33177**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**400132474464
07/08/08--01021--030 **100.00**

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CITY-ST-ZIP
**400132474464
07/08/08--01021--031 **50.00**

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Katelynn Herrera**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)