

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P94000005141**

1. Entity Name

DISCOUNT MOBILE VACUUM REPAIRS, INC.

Principal Place of Business

**7222 TAFT STREET
HOLLYWOOD FL 33024**

Mailing Address

**7222 TAFT STREET
HOLLYWOOD FL 33024**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0470011**

Applied For

Not Applicable

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

**RETTIG, DAVID W
6900 S.W. 4TH ST.
PEMBROKE PINES FL 33024**

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.

SIGNATURE

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) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RETTIG, DAVID W	
STREET ADDRESS	6900 S.W. 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	TD	<input type="checkbox"/> Delete
NAME	RETTIG, EVELYN H	
STREET ADDRESS	6900 S.W. 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	VSD	<input type="checkbox"/> Delete
NAME	RETTIG, ROBERT E	
STREET ADDRESS	6900 S.W. 4TH STREET	
CITY-ST-ZIP	PEMBROKE PINES FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	CARRASQUILLO, VICTOR	
STREET ADDRESS	5 MIAMI GARDENS ROAD	
CITY-ST-ZIP	HOLLYWOOD FL 33023	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

FILED
May 15, 2001 8:00 am
Secretary of State

05-15-2001 90143 019 ***150.00

C0065537

DO NOT WRITE IN THIS SPACE

011388

CR2E034 (10/00)