

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000033269

1. Entity Name

A-1 AUTO RESCUE, INC.

Principal Place of Business

7256 SW 42ND TERRANCE
MIAMI FL 33155
US

Mailing Address

7256 SW 42ND TERRANCE
MIAMI FL 33155
US

2. Principal Place of Business

10600 SW 184 TER

3. Mailing Address

18495 South Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

MIAMI, FL

MIAMI, FL

City & State

City & State

Zip

33157

Country

U.S.

33157

Country

U.S.

6. Name and Address of Current Registered Agent

WEITZMAN, JACK L
9190 SUNSET DRIVE
MIAMI FL 33173

4. FEI Number 65-0485713

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

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 *Joseph Hamo President*

(NOTE: Registered Agent signature required when reinstating)

4/26/01

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 PSTD
NAME GAMIO, JOSEPH
STREET ADDRESS 19800 SW 84TH AVENUE
CITY-ST-ZIP MIAMI FL 33189

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

☐ Change ☐ Addition

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 NAME OF SIGNING OFFICER OR DIRECTOR

Joseph Hamo President

4/26/01 305-256-0000

Date

Daytime Phone #

CR2E034 (10/00)

0619319



DO NOT WRITE IN THIS SPACE