

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90002 008 ***150.00

008945 AV

DOCUMENT # P94000038448

1. Entity Name

VELEZ WRECKER SERVICE, INC.

Principal Place of Business

**5019 N. HALE AVE
TAMPA FL 33614
US**

Mailing Address

**5019 N HALE AVE
TAMPA FL 33614
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

P.O. BOX 262213**Tampa, FL****33685****Hillsb.**

4. FEI Number

59-3247745

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

**VELEZ, HECTOR F
5019 N. HALE AVE
TAMPA FL 33614**

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

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 \$550.00**
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **VELEZ, HECTOR F.**
STREET ADDRESS **5019 W. HALE AVE**
CITY-ST-ZIP **TAMPA FL 33614**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-01 (813) 872-6525

Date

Daytime Phone #

CR2E034 (5/01)

Attachment# 194000384-68
B0060793

Velez Wrecker Service, Inc.
P.O. Box 262213
Tampa, Fl. 33685

7/18/01

RE: 2001 Uniform Business Report

To Whom It May Concern:

Enclosed please find that I am resubmitting my UBR and payment. Per my conversation with Leslie on 7/16. I apologize for any inconvenience that my error may have caused. If you have any further questions, please feel free to call me.

Thank you,



Hector Velez

4945 6240 DATE 4-4-01

Attachment
P94000038448

EMP. NAME Premium Assignment Corp

BAL. FOR'D.	2599 -	REG. PAY			
		OVER-TIME			
DEPOSITS		TOTAL EARN.			
		F.I.C.A. TAX WITHHOLDING			
		MEDICARE TAX WITHHOLDING			
TOTAL		FED. WITH-HOLDING TAX			
THIS CHECK	1604 33	STATE WITH-HOLDING TAX			
BALANCE	994 -	TOTAL DEDUCTIONS			
		NET PAY			

HARLAND XKB STYLE:B-13PN CKS:600 DTS:0

ORIGINAL Check



4946 6420 DATE 4-4-01

VELEZ WRECKER SERVICE, INC.

EMP. NAME Corro Filing U.S.A Depstate

BAL. FOR'D.	994	REG. PAY			
		OVER-TIME			
DEPOSITS		TOTAL EARN.			
		F.I.C.A. TAX WITHHOLDING			
		MEDICARE TAX WITHHOLDING			
TOTAL		FED. WITH-HOLDING TAX			
THIS CHECK	150 "	STATE WITH-HOLDING TAX			
BALANCE	844 -	TOTAL DEDUCTIONS			
		NET PAY			

HARLAND XKB STYLE:B-13PN CKS:600 DTS:0

PERIOD ENDING

EMP. NAME

REGULAR HOURS "				
OVERTIME HOURS "				
TOTAL EARNINGS				
F.I.C.A. TAX WITHHOLDING				
MEDICARE TAX WITHHOLDING				
FED. WITH-HOLDING TAX				
STATE WITH-HOLDING TAX				
TOTAL DEDUCTIONS				
NET PAY				

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH BEFORE CASHING CHECK

4947 001 DATE 4-4-01

VELEZ WRECKER SERVICE, INC.

EMP. NAME Hector Velez

BAL. FOR'D.	844 -	REG. PAY			
		OVER-TIME			
DEPOSITS		TOTAL EARN.	400 "		
	24 80	F.I.C.A. TAX WITHHOLDING	36 60		
	5 80	MEDICARE TAX WITHHOLDING	19 00		
	19 00	FED. WITH-HOLDING TAX			
TOTAL		STATE WITH-HOLDING TAX			
THIS CHECK	350 40	TOTAL DEDUCTIONS	49 60		
BALANCE	493 -	NET PAY	350 40		

HARLAND XKB

PERIOD ENDING

EMP. NAME Hector Velez

REGULAR HOURS "				
OVERTIME HOURS "				
TOTAL EARNINGS			400 "	
F.I.C.A. TAX WITHHOLDING		36 60		
MEDICARE TAX WITHHOLDING		19 00		
FED. WITH-HOLDING TAX				
STATE WITH-HOLDING TAX				
TOTAL DEDUCTIONS		49 60		
NET PAY		350 40		

STATEMENT OF EARNINGS AND DEDUCTIONS DETACH BEFORE CASHING CHECK