

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 26, 2001 8:00 am**  
**Secretary of State**

07-26-2001 90002 008 \*\*\*150.00

0089945 - AV

**DOCUMENT # P94000038448**  
 1. Entity Name  
**VELEZ WRECKER SERVICE, INC.**

Principal Place of Business      Mailing Address  
**5019 N. HALE AVE**      ~~5019 N. HALE AVE~~  
**TAMPA FL 33614**      ~~TAMPA FL 33614~~  
**US**      ~~US~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P.O. BOX 262213**  
 City & State      **Tampa, FL**

City & State      City & State      4. FEI Number      Applied For  
**33685.**      **Hillsb.**      **59-3247745**      Not Applicable

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

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

11. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>VELEZ, HECTOR F.</b>	
STREET ADDRESS	<b>5019 W. HALE AVE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33614</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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
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
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 of Hector F. Velez **President**      **7-17-01**      **(813) 872-6525**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)

Attachment# 1940000384-68  
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 Corpo 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 00	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 00		
	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 00		
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