

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

FILED
Jun 26, 2002 8:00 am
Secretary of State

06-26-2002 90074 027 ***150.00

DOCUMENT # PA4000032448
1. Entity Name
VELEZ WRECKER SERVICE, INC.

DO NOT WRITE IN THIS SPACE

80125973

2. Principal Place of Business
5019 N. HALE AVE
Suite, Apt. #, etc.
TAMPA, FL
City & State

3. Mailing Address
P.O. BOX 262213
Suite, Apt. #, etc.
TAMPA, FL
City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3247745
Applied For
Not Applicable

Zip 33614 Country Hillsb. Zip 33685 Country Hillsb.

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 HECTOR F. VELEZ
Street Address (P.O. Box Number is Not Acceptable)
5019 N. HALE AVE
City TAMPA FL Zip Code 33614

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.
January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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 NAME STREET ADDRESS CITY-ST-ZIP	<u>VELEZ, HECTOR F.</u> <u>5019 N. HALE AVE.</u> <u>TAMPA, FL, 33614</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: Hector Velez 6-24-02 813-872-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

Attachment
REF. PAY 000038448
TAMPA, FL, 6/24/02
B0125973

To: Who my concern.

Division of corporations
Uniform Business Report Filings.

From: Velez Wrecker Service Inc.
Hector Velez

ON 6-18-02 going thru the files of the
uniform Business Report I find out that we didn't
receive the form for year 2002, then I call
your office and talk to Crystal on the phone.
and explained to her that we did not receive the
form because may be got lost in the mail.

Crystal send me a new Reg form enclosed
y she tell me the write this letter explain
what happened. with the check for \$150⁰⁰

If you have any questions please call me Hector Velez

AT 813. 872-6525.

Thank you for your att. to this problem!

IM sorry



Hector Velez