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 # P94000032448

1. Entity Name
VELEZ WRECKER SERVICE, INC.

DO NOT WRITE IN THIS SPACE

B0125973

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
5019 N. HALE AVE		P.O. BOX 262213	
Suite, Apt. #, etc. TAMPA, FL		Suite, Apt. #, etc. TAMPA, FL	
City & State		City & State	
Zip 33614	Country Hillsb.	Zip 33685	Country Hillsb.

4. FEI Number 59-3247745 — Applied For / Not Applicable

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 _____
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) ☐

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	VELEZ, HECTOR. F. 5019 N. HALE AVE. TAMPA, FL, 33614	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 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# P94000038448
B0125973

TAMPA, FL, 6/24/02

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 the we didn't Recive the form for year 2002, then I call your office and talk to crystal on the phone. and expleined to her that we did not recive the form because may be got loss in the mail. crystal send me a new Reg form Enclosed y she tall me the write this letter explaine what happened. with the check for $/150.00
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