

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000077099

1. Entity Name
URETA TOWING & REPAIRS, INC.

FILED
Apr 19, 2001 8:00 am
Secretary of State

04-19-2001 90324 005 ***150.00

Principal Place of Business
**4650 SW 51 ST
BAY 719
DAVIE FL 33314
US**

Mailing Address
**4650 SW 51 ST
BAY 719
DAVIE FL 33314
US**

C0049596



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

4. FEI Number **65-0609176**
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIVERIO, E.
7179 PEMBROKE RD.
PEMBROKE PINES FL 33023**

Name **Luis CARLO Ureta**
Street Address (P.O. Box Number is Not Acceptable)
18141 SW 18th Street
City **MIRAMAR** FL Zip Code **33029**

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  (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 \$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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P URETA, LUIS C 6764 PANCY DR. MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST URETA, ELBA 6764 PANCY DR. MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URETA, SCARLETT 6764 PANCY DR. MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URETA, GEANCARLO 6764 PANCY DR. MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URETA, RENZO 6764 PANCY DR. MIRAMAR FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PURETA, LUIS C. 18141 SW 18th Street MIRAMAR FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST. URETA, ELBA. 18141 SW 18th Street MIRAMAR FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URETA, SCARLETT 18141 SW 18th Street MIRAMAR FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URETA, GEANCARLO 18141 SW 18th Street MIRAMAR FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V URETA RENZO 18141 SW 18th Street MIRAMAR FL 33029	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/2001 (954) 792-8210

Date Daytime Phone #

CR2E034 (10/00)