

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State
 04-29-2002 90025 046 ***150.00

DOCUMENT # P96000022293

1. Entity Name
C.D.S. TOWING & RECOVERY, INC.

Principal Place of Business
1758 N.E. 205TH TERR
MIAMI FL 33179

Mailing Address
1758 N.E. 205TH TERR
MIAMI FL 33179

2. Principal Place of Business
19900 NE 15 Ct.

3. Mailing Address
19900 NE 15 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **65-0649360**

Applied For
 Not Applicable

Zip **33179** Country **USA**

Zip **33179** Country **USA**

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

6. Name and Address of Current Registered Agent

REMEDIOS, AMARILYS
1758 N.E. 205TH TERR
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name **-same-**
 Street Address (P.O. Box Number is Not Acceptable)
19900 NE 15 Ct.
 City **Miami** **FL** Zip Code **33179**

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 **3/28/02**

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, 2002 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	PD REMEDIOS, AMARILYS 1758 N.E. 205TH TERR MIAMI FL 33179	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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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

DATE **3/28/02**

Daytime Phone #

0296283 AV

CR2E034 (9/01)