

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000038532

1. Entity Name

PROFESSIONAL TOWING & RECOVERY INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90107 029 ***150.00

Principal Place of Business

Mailing Address

1475 PALM AVE
HIALEAH FL 33010
US

1038 SW 66 AVE
#2
WEST MIAMI FL 33144-4900
US

2. Principal Place of Business

1475 Palm ave

3. Mailing Address

1038 SW 66 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hialeah

City & State

West, miami

Zip

33010

Country

US

Zip

33144

Country

U.S

4. FEI Number

65-0749672

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

ARTIMES, RAFAEL
1038 SW 66 AVE, #2
WEST MIAMI FL 33144

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

Rafael Artimes

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/23/00

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ARTIMES, RAFAEL	
STREET ADDRESS	1038 SW 66 AVE #2	
CITY - ST - ZIP	WEST MIAMI FL 33144	
TITLE	MV	<input type="checkbox"/> Delete
NAME	PUIG, ALEJANDRO	
STREET ADDRESS	1407 SW 66 AVE	
CITY - ST - ZIP	WEST MIAMI FL 33144	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
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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		
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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:

Rafael Artimes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/00