

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90817 010 ***150.00

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DOCUMENT # P97000038532

1. Entity Name
PROFESSIONAL TOWING & RECOVERY INC.



Principal Place of Business
**1475 PALM AVE
HIALEAH FL 33010
US**

Mailing Address
**1038 SW 66 AVE
#3
WEST MIAMI FL 33144
US**



2. Principal Place of Business

1038 SW 66 AVE #3

3. Mailing Address

1038 SW 66 AVE #3

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
West Miami

City & State
West Miami

Zip

33144

Country

United States

Zip

33144

Country

United States

☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **VD** ☐ Delete
NAME **ARTIMES, RAFAEL**
STREET ADDRESS **1038 SW 66 AVE #2**
CITY-ST-ZIP **WEST MIAMI FL 33144**

TITLE **MV** ☒ Delete
NAME **PUIG, ALEJANDRO**
STREET ADDRESS **1407 SW 66 AVE**
CITY-ST-ZIP **WEST MIAMI FL 33144**

TITLE **VPD** ☐ Delete
NAME **ARTIMES, ANGEL L**
STREET ADDRESS **1038 SW 66 AVE #3**
CITY-ST-ZIP **MIAMI FL 33144**

TITLE **PD** ☐ Delete
NAME **RODRIGUEZ, MAYUMI**
STREET ADDRESS **2857 SW 32 CT**
CITY-ST-ZIP **MIAMI FL 33133**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 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

4/15/03 305-7833550
Date Daytime Phone #

CR2E034 (10/02)