

# 2000 UNIFORM BUSINESS REPORT (UBR)

4/6

DOCUMENT # P98000038093

1. Entity Name

AFFORDABLE TOWING SERVICE CORP.

**FILED**  
**Jun 21, 2000 8:00 am**  
**Secretary of State**

04-06-2000 90005 021 \*\*\*158.75

Principal Place of Business

Mailing Address

920 SE 14TH ST.  
HIALEAH FL 33010  
US

6711 CODY ST  
HOLLYWOOD FL 33024-2815  
US

2. Principal Place of Business

920 SE 14 St

Suite, Apt. #, etc.

3. Mailing Address

7761 Hood St

Suite, Apt. #, etc.

City & State

Hialeah, FL

City & State

Hollywood, FL

4. FEI Number

65-0902686

Applied For

Not Applicable

Zip

33010

US

Zip

33024

Country

US

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

CARRILLO, RESTITUTO  
680 NE 4 PLACE  
HIALEAH FL 33010

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

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

(NOTE: Registered Agent signature required when re-registering)

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, 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	P	<input type="checkbox"/> Delete
NAME	CARRILLO, RESTITUTO	
STREET ADDRESS	6711 CODY ST	
CITY-ST-ZIP	HOLLYWOOD FL 33024	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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	
CITY-ST-ZIP	
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	
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)(f), 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

03-30-00

Date

305-632-6095

Daytime Phone #

CR2E034 (9/99)

Doc# 798000038093 / 104865

See phone book

3-17-99

EIN 65-0902686

OMB No. 1545-0003

Form **SS-4**

(Rev. December 1995)  
Department of the Treasury  
Internal Revenue Service

# Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.)

Keep a copy for your records.

Please type or print clearly.

1 Name of applicant (Legal name) (See instructions.) <u>Affordable Towing Service, Corp</u>	2 Trade name of business (if different from name on line 1) <u></u>	3 Executor, trustee, care of name <u></u>
4a Mailing address (street address) (room, apt., or suite no.) <u>6711 Cody Street</u>	5a Business address (if different from address on lines 4a and 4b) <u></u>	
4b City, state, and ZIP code <u>Hollywood FL 33024</u>	5b City, state, and ZIP code <u></u>	
6 County and state where principal business is located <u>Broward Florida</u>		
7 Name of principal officer, general partner, grantor, owner, or trustee—SSN required (See instructions.) <u>Restituto Carrillo - 575-72-8048</u>		

8a Type of entity (Check only one box.) (See instructions.)	<input type="checkbox"/> Estate (SSN of decedent)
<input type="checkbox"/> Sole proprietor (SSN)	<input type="checkbox"/> Plan administrator-SSN
<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Other corporation (specify) <u>Corporation</u>
<input type="checkbox"/> REMIC	<input type="checkbox"/> Trust
<input type="checkbox"/> State/local government	<input type="checkbox"/> Federal Government/military
<input type="checkbox"/> National Guard	<input type="checkbox"/> Church or church-controlled organization
<input type="checkbox"/> Other nonprofit organization (specify) <u></u>	(enter GEN if applicable)
<input type="checkbox"/> Other (specify) <u></u>	

8b If a corporation, name the state or foreign country (if applicable) where incorporated	State <u>Florida</u>	Foreign country <u></u>
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9 Reason for applying (Check only one box.)	<input type="checkbox"/> Banking purpose (specify) <u></u>
<input checked="" type="checkbox"/> Started new business (specify) <u></u>	<input type="checkbox"/> Changed type of organization (specify) <u></u>
<input type="checkbox"/> Hired employees	<input type="checkbox"/> Purchased going business
<input type="checkbox"/> Created a pension plan (specify type) <u></u>	<input type="checkbox"/> Created a trust (specify) <u></u>
	<input type="checkbox"/> Other (specify) <u></u>

10 Date business started or acquired (Mo., day, year) (See instructions.) <u>JAN - 99</u>	11 Closing month of accounting year (See instructions.) <u>December</u>
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12 First date wages or annuities were paid or will be paid (Mo., day, year). Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year) <u></u>
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13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter -0-. (See instructions.)	Nonagricultural <u>4</u>	Agricultural <u>0</u>	Household <u>0</u>
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14 Principal activity (See instructions.) <u>Towing Service</u>
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15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used <u></u>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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16 To whom are most of the products or services sold? Please check the appropriate box.	<input type="checkbox"/> Business (wholesale)	<input type="checkbox"/> N/A
<input checked="" type="checkbox"/> Public (retail)	<input type="checkbox"/> Other (specify) <u></u>	

17a Has the applicant ever applied for an identification number for this or any other business? Note: If "Yes," please complete lines 17b and 17c.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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17b If you checked "Yes" on line 17a, give applicant's legal name and trade name shown on prior application, if different from line 1 or 2 above.	Legal name <u></u>	Trade name <u></u>
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17c Approximate date when and city and state where the application was filed. Enter previous employer identification number if known.	Approximate date when filed (Mo., day, year) <u></u>	City and state where filed <u></u>	Previous EIN <u></u>
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Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.	Business telephone number (include area code) <u>(305) 632-6095</u>
	Fax telephone number (include area code) <u></u>

Name and title (Please type or print clearly.) <u>Restituto Carrillo</u>
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Signature <u>Restituto Carrillo</u>	Date <u>3/17/99</u>
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Note: Do not write below this line. For official use only.

Please leave blank	Geo.	Ind.	Class	Size	Reason for applying
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