## 2000 UNIFORM BUSINESS REPORT (UBR)

Frincipal Place of Business 1 4695 SW 45th St. Miami, FI 33175  2. Principal Place of Business 3. Mainin, FI 33175  Size And Fell Size Size Size Size Size Size Size Size	DOCUMENT # P98000038895  1. Entity Name  ALL FLORIDA TOWING & RECOVERY, INC.					Jun 05, 2000 8:00 am Secretary of State 06-05-2000 90001 045 ***150.00		
Suite Apit #, etc.  Suite Apit #, etc.  City & State -   Country   200   Count	14695 SW 45th St. 14695 SW 45th					6 5	7477	
City & State    City & State   City & City & State   City &	2. Principal F	Place of Business	182 NW Lejeune Rd					
Country   Country   Country   Country   S. Certificate of Satus Desired   Se.75 Additional   Fee Required						DO NOT V	VRITE IN THIS SPACE	
Service and Address of Current Registered Agent  6. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  VALDES, ELENA M 14695 SW 45th St. Miami, P1 33175  6. The above named entry submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Florida.  SIGNATURE  Splace hydrog senters under growed agent and less a solicious.  10016 Registered Agent source means and socials to do so. (See certain or body)  11. OFFICERS AND DIFFETORS IN 11  12. ADDITIONS/CHANGES TO OFFICERS AND DIFFETORS IN 11  13. ADDITIONS/CHANGES TO OFFICERS AND DIFFETORS IN 11  14. OFFICERS AND DIFFETORS IN 11  15. OFFICERS AND DIFFETORS IN 11  16. Election Campaign Financing  17. Name and Address different in the Address In the A	City & Sta	te 3	City & State Miami Fl		4. FEI Number 65-08 3170	02		
Name 14695 SW 45th St. Miami, F1 33175  City FL Zp Code	Zip	<i>j</i>	33/26	Countr	у		sd	Additional
Street Address (PO. Box Number is Not Acceptable)  City FL Zip Code  E. The above named entity submits this statement for the purpose of changing its registered diffice or registered agent, or both, in the State of Forida.  SIGNATURE  Signature injusts or animor over all registered appart and its of applicable. (INDE: Repaired Agent signature resurred Menineration)  P. This corporation is eligible to satisfy its Intangible Tax hings requirement and elects to do so  After MAY 1, 2000 Fee will be \$550,00 Tust Fund Contribution  After MAY 1, 2000 Fee will be \$550,00 Tust Fund Contribution  After MAY 1, 2000 Fee will be \$550,00 Tust Fund Contribution			Registered Agent		Namo	7. Name and Address of Ne	w Registered Agent	
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fonda.  SIGNATURE  9. This corporation is eligible to satisfy its intangible Tax lining requirement and elects to do so. (See crieria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ITIE  NAME  STREET ADDRESS  CITY-ST-ZP  11. OFFICERS AND DIRECTORS 12.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11.  ITIE  NAME  STREET ADDRESS  CITY-ST-ZP  11. OFFICERS AND DIRECTORS 11.  OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  STREET ADDRESS  CITY-ST-ZP  11. OFFICERS AND DIRECTORS IN 11.  OFFICERS AND DIRECTORS IN 11.  ITIE  NAME  STREET ADDRESS  CITY-ST-ZP  Delete  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  OTT-ST-ZP  OTT-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  OTT-ST-ZP  OTT-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  OTT-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  OTT-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  OTT-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  Change Addition  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  OTT-ST-ZP  TITE  NAME  STREET ADDRESS  CITY-ST-ZP  Change Addition  TITE  Change ADDRESS  CITY-ST-ZP  Change ADDRESS  CITY-ST-ZP  TITE  TOTT-ST-ZP  TITE  TOTT-ST-ZP  TITE  TOTT-ST-ZP	14695 SW 45th St.					s (P.O. Box Number is Not Accepta	able)	
S GNATURE    SQNATURE				ŀ	City		FL Zip	Code
Sprature fryetor printer rance of temposereal appear and liter it algobication is elligible to satisfy its Indiangible [Indian State   MAY 1, 2000   Fee will be \$550.00   National Article (No.00   No.00   No.00   National Article (No.00   No.00   N	8. The above named entity submits this statement for the purpose of changing its registered office or registere					ered agent, or both, in the State of		<del>-</del>
Task king requirement and elects to do so. (See criteria on back)   After MAX.1; 2000. Fee will be \$550.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.1  TITLE PSTD								
THE NAME STREET ADDRESS CITY-ST-ZIP	Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00					Trust Fund Contribu		5.00 May Be
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13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, if further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same local officer as if made under a thin that he had a supplemental report is true and accurate and that my signature shall have the same local officer as if made under a thin that he had a supplemental report is true and accurate and that my signature shall have the same local officer as if made under a thin that he had a supplemental report is true and accurate and that my signature shall have the same local officer as if made under a thin that my signature shall have the same local officer as if my signature shall have the same local of the same local officer as if my signature shall have the same local officer as if my signature shall have the same local officer as if my signature shall have the same local officer as if my s	NAME STREET ADDRESS CITY-ST-ZIP	ertify that the information cumplied with		NAME STREET / CITY-ST	- ZIP			

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signature:

Signature:

Signature and type or printed with an address, with all other like empowered.

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