

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000052072

1. Entity Name

ECHTECH WRECKING CORPORATION

FILED

May 17, 2000 8:00 am
Secretary of State

05-17-2000 90843 040 ***150.00

Principal Place of Business

Mailing Address

99 NE 167TH ST.
NORTH MIAMI BEACH FL 33162

99 NE 167TH ST.
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

99 NE 167th St.

3. Mailing Address

99 NE 167th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

North Miami Beach, Fla

City & State

North Miami Beach, Fla

Zip

33162

Country

USA

Zip

33162

Country

USA

4. FEI Number

65-0882070

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

SCHWAB, THOMAS

99 NE 167TH ST.

NORTH MIAMI BEACH FL 33162

Name

Street Address (P.O. Box Number is Not Acceptable)

99 NE 167th Street

City

North Miami Beach FL

Zip Code

33162

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 reinstating)

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P**
NAME **SHWAB, THOMAS**
STREET ADDRESS **99 NE 167TH ST**
CITY-ST-ZIP **N MIAMI BCH FL 33162**

TITLE **President**
NAME **Schwab, Thomas**
STREET ADDRESS **99 NE 167th Street**
CITY-ST-ZIP **North Miami Beach, Fla 33162**

TITLE **VPST**
NAME **ARENA, ROBERT**
STREET ADDRESS **99 167TH ST**
CITY-ST-ZIP **N MIAMI BCH FL 33162**

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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 another like empowered.

SIGNATURE:

Thomas Schwab

Thomas Schwab 4/28/00 (305) 655-9662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)