

02-07  
**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

03 JUN -5 PM 12:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 998000065207

1. Entity Name

ART'S TOWING & RECOVERY, INC.



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

707 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

3. Mailing Address

707 N. DIXIE HIGHWAY

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLENDALE, FL

Zip Country

33009

City & State

HALLENDALE, FL

Zip Country

33009

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name ARTURO CARTA

Street Address (P.O. Box Number is Not Acceptable)  
707 N. DIXIE HIGHWAY

33009

City HALLENDALE Benth FL

Zip Code  
33009

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

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

(NOTE: Registered Agent's signature required when reinstating)

DATE

ARTURO CARTA

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PRES.  
ARTURO CARTA  
707 N. DIXIE HIGHWAY  
HALLENDALE, FL 33009

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

600020539776  
06/05/03--01024--007 \*\*300.00

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTURO CARTA

Date

(954) 964-5988

Daytime Phone #

CR2E034B (12/02)

2615

May 22, 2003

Uniform Business Report  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

re: **P98000065207**      **Art's Towing & Recovery, Inc.**

To Whom It May Concern:

Enclosed is the UBR for my above captioned client and a check in the amount of \$300.00 to cover the fees for 2002 and 2003.

We request that no penalties be assessed because the taxpayer moved and never received the forms in the mail.

If you have any questions, please call me.

Sincerely,



Joel E. Jacobson



3300 UNIVERSITY DRIVE,  
SUITE 904  
CORAL SPRINGS, FL 33065-6312  
PHONE: 954-346-3200  
FAX: 954-755-8672  
EMAIL: JOELTAXPRO@AOL.COM  
WWW.CREATIVEACCOUNTING.BIZ