

# 2003 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90125 001 \*\*\*150.00

**DOCUMENT #** *P98000074570*

1. Entity Name

Principal Place of Business Mailing Address  
**SUPER STAR TOWING & RECOVERING, INC**

2. Principal Place of Business 3. Mailing Address  
**3400 A NW 62 ST 455 E 9th St.**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
**MIAMI FLORIDA HIALEAH FLORIDA**

City & State Zip Country Zip Country  
**MIAMI FLORIDA 33147-7936 33010**

4. FEI Number Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**GERARD DICKSON**  
**16512 SW 97 ST**  
**MIAMI FL 33196**

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.  
 SIGNATURE *Gerard Dickson* DATE **2-20-03**  
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, 2003 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 <b>PS</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>FELIPE DICKSON</b> <input type="checkbox"/> Delete <b>15174 SW 110 ST</b> <b>MIAMI, FL 33196</b>
TITLE <b>VP</b> NAME <b>SD</b> STREET ADDRESS CITY-ST-ZIP	<b>GERARD DICKSON</b> <input type="checkbox"/> Delete <b>16512 SW 97 ST</b> <b>MIAMI, FL 33196</b>
TITLE <b>VP</b> NAME <b>T.D.</b> STREET ADDRESS CITY-ST-ZIP	<b>JUAN DAVID DEL VALLE</b> <input type="checkbox"/> Delete <b>455 E 9 ST</b> <b>HIALEAH, FL 33010</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Gerard Dickson* DATE: **2-20-03**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/00)