

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 12, 2002 8:00 am
Secretary of State

0344920 AV

DOCUMENT # P99000022974

1. Entity Name
A-1 TOWING & RECOVERY, INC.

03-12-2002 90269 042 ***150.00

Principal Place of Business
**3640 NW 15TH ST.
 LAUDERHILL FL 33311**

Mailing Address
**P.O. BOX 22821
 FT. LAUDERDALE FL 33335**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0970122**

Applied For
 Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

**LOPEZ, ALFREDO
 209 N. SEACREST BLVD.
 BOYNTON BCH FL 33435**

7. Name and Address of New Registered Agent

Name **LOPEZ, ALFREDO**
 Street Address (P.O. Box Number is Not Acceptable)
3640 NW 15th STREET
 City **LAUDERHILL FL** Zip Code **33311**

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 _____ (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, 2002 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 **DP** ☐ Delete
 NAME **LOPEZ, ALFREDO**
 STREET ADDRESS **P.O. BOX 22821**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33335**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** ☐ Delete
 NAME **LOPEZ, CLARICE**
 STREET ADDRESS **P.O. BOX 22821**
 CITY-ST-ZIP **FT. LAUDERDALE FL 33335**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 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)(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 all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.27.02 954-321-1982
 Date Daytime Phone #

CR2E034 (9/01)