

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000066880

1. Entity Name

EXCLUSIVE TOWING & RECOVERY, INC.

**FILED**  
**Jan 24, 2000 8:00 am**  
**Secretary of State**

01-24-2000 90004 010 \*\*\*150.00

Principal Place of Business

Mailing Address

8073 NW 54TH STREET  
MIAMI FL 33166

8073 NW 54TH STREET  
MIAMI FL 33166-4004

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8276 NW 70th

8276 NW 70th

City & State

City & State

Miami FL

Miami FL

Zip 33166

Country

Zip 33166

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0937919

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

ORTA, LIDIA  
8073 NW 54TH STREET  
MIAMI FL 33166

Name

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

8276 NW 70th Street

City

Miami

FL

Zip Code

33166

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 D ☐ Delete  
NAME ORTA, LIDIA  
STREET ADDRESS 17449 SW 21 COURT  
CITY-ST-ZIP MIRAMAR FL 33029

TITLE ☐ Change ☒ Addition  
NAME Raul Suarez  
STREET ADDRESS 7870 W 29 Way #201  
CITY-ST-ZIP Hialeah, FL 33018

TITLE D ☐ Delete  
NAME KOONTZ, JACK STEVEN  
STREET ADDRESS 17459 SW 21 COURT  
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE D ☐ Delete  
NAME PESCADOR, LYDIA  
STREET ADDRESS 17449 SW 21 COURT  
CITY-ST-ZIP MIRAMAR FL 33029

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 another like empowered.

SIGNATURE:

*Lidia Orta*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-12-00

(305) 594-9460

CR2E034 (9/99)