

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000071899

1. Entity Name

HOLLYWOOD TOWING & TRANSPORT, INC.

FILED
Sep 18, 2000 8:00 am
Secretary of State

09-18-2000 90003 021 ***550.00

Principal Place of Business

Mailing Address

10201 SW 9TH LANE
PEMBROKE PINES FL 33025

10201 SW 9TH LANE
PEMBROKE PINES FL 33025

2. Principal Place of Business

3. Mailing Address

CHANGE Mailing Address.

4700 MADISON ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Hollywood, FL.

City & State

City & State

4. FEI Number

65-0940594

Applied For

Not Applicable

Zip

Country

Zip

Country

33021

Broward

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

BARCELO, JULIO R
10201 SW 9TH LANE
PEMBROKE PINES FL 33025

Name

SAME

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Julio R. Barcelo

9/1/00

9. This corporation is eligible to satisfy its intangible

Tax filing requirement and elects to do so. ☐

FILE NOW!!! FEE IS \$550.00

After SEPTEMBER 13, 2000 Min. will be \$750.00
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 ☐ Delete
NAME D
STREET ADDRESS BARCELO, JULIO R
CITY-ST-ZIP 10201 SW 9TH LANE
PEMBROKE PINES FL 33025

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

TITLE ☐ Delete
NAME D
STREET ADDRESS GARCIA, MARIA V
CITY-ST-ZIP 10201 SW 9TH LANE
PEMBROKE PINES FL 33025

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

[Signature] SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/1/00
Date

(954) 443-4210
Business Phone #

CR2E034 (5/00)