

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 21, 2000 8:00 am**  
**Secretary of State**  
 08-21-2000 90208 006 \*\*\*150.00

**DOCUMENT # P99000097536**

1. Entity Name  
**ACME RECOVERY & TOWING, INC.**

Principal Place of Business

14512 S.W. 142L. CIRCLE  
 MIAMI FL 33186

Mailing Address

14512 S.W. 142L. CIRCLE  
 MIAMI FL 33186

A0073540



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

14512 S.W. 142 Place Circle  
 Suite, Apt. #, etc.

3. Mailing Address

14512 S.W. 142 Place Circle  
 Suite, Apt. #, etc.

City & State

Miami, FL 33186

Zip

33186

Country

USA

City & State

Miami, FL 33186

Zip

33186

Country

USA

4. FEI Number

65-0960061

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, HERNAN  
 14512 S.W. 142L. CIRCLE  
 MIAMI FL 33186

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

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 \$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

TITLE	PD	<input type="checkbox"/> Delete
NAME	LOPEZ, HERNAN	
STREET ADDRESS	14512 S.W. 142L. CIRCLE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LOPEZ, RAFAEL	
STREET ADDRESS	14512 S.W. 142L. CIRCLE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	SD	<input type="checkbox"/> Delete
NAME	STOLARCZYK, MARCELO	
STREET ADDRESS	14512 S.W. 142L. CIRCLE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14512 S.W. 142 Place Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14512 S.W. 142 Place Circle	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	14512 S.W. 142 Place Circle	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 judge 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)

Attachment  
DH# P99000097536  
A0073540

August 2, 2000

TO: ANNUAL REPORT FILING  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

FROM: ACME RECOVERY & TOWING INC.  
CHARTER # P99000097536

REF: REQUEST FOR ABATEMENT OF EXTRA, POST MAY 1 FILING FEE

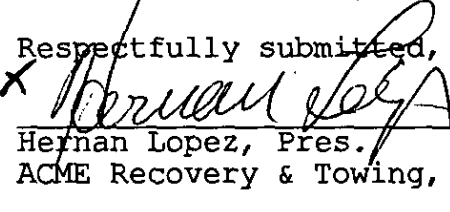
The purpose of this memo is to request abatement of the extra filing fee due to the fact that we are mailing our annual report after May 1, 1999.

The original annual report never arrived at our location since your Department has the incorrect address (a typo when the corporation was registered) on file. Please note slight change of address on the attached annual report. This incorrect address caused the first request for payment to never arrive at our location. We are a very little corporation with almost no activity and were incorporated just last year. We were under the impression that our filing fee when we incorporated covered from date incorporated to that following date rather than on a calendar basis as apparently the fees are paid.

Please process the attached and please waive the additional filing fee since we would have mailed this report by May 1 if we would have received the annual report advising us. Since we are new at this we did not know the fee was due until we received the attached.

We assure this report will not be filed late again.

Respectfully submitted,

  
Hernan Lopez, Pres.  
ACME Recovery & Towing, Inc.