

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P99000097536

FILED  
Mar 08, 2002 8:00 AM  
Secretary of State

Entity Name: ACME RECOVERY & TOWING, INC.

## Current Principal Place of Business:

14512 S.W. 142 PL CIRCLE  
MIAMI, FL 33186

## New Principal Place of Business:

14512 S.W. 142 PLACE CIRCLE  
MIAMI, FL 33186

## Current Mailing Address:

14512 S.W. 142 PL CIRCLE  
MIAMI, FL 33186

## New Mailing Address:

14512 S.W. 142 PLACE CIRCLE  
MIAMI, FL 33186

FEI Number: 65-0960061

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LOPEZ, HERNAN  
14512 S.W. 14 PL CIRCLE  
MIAMI, FL 33186

## Name and Address of New Registered Agent:

LOPEZ, HERNAN  
14512 S.W. 14 PLACE CIRCLE  
MIAMI, FL 33186

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: HERNAN LOPEZ

03/08/2002

Electronic Signature of Registered Agent

Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: LOPEZ, HERNAN  
Address: 14512 S.W. 142 PLACE CIRCLE  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: LOPEZ, RAFAEL  
Address: 14512 S.W. 142 PLACE CIRCLE  
City-St-Zip: MIAMI, FL

Title: SD ( ) Delete  
Name: STOLARCZYK, MARCELO  
Address: 14512 S.W. 142 PLACE CIRCLE  
City-St-Zip: MIAMI, FL 33186

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: HERNAN LOPEZ

PRES

03/08/2002

Electronic Signature of Signing Officer or Director

Date