

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 14, 2003 8:00 am
Secretary of State

0104562 AV

04-14-2003 90932 020 ***150.00

DOCUMENT # P93000053002

1. Entity Name
V & V AUTO SALES, INC.



Principal Place of Business
**315 S. OBT
ORLANDO FL 32805
US**

Mailing Address
**315 S. OBT
ORLANDO FL 32805
US**



2. Principal Place of Business
**540 N. STATE RD 434
SUITE 172**

3. Mailing Address
**540 N. STATE RD 434
SUITE 172**

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country
SEMINOLE

Country
SEMINOLE

CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3192468**

Applied For
 Not Applicable

6. Name and Address of Current Registered Agent

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

**MONTALVO, VICTOR
13222 LOBLOLLY LANE
SUITE 165
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *V L 2* **VICTOR MONTALVO TORRES** **4/9/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signatures required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	MONTALVO, VICTOR	
STREET ADDRESS	13222 LOBLOLLY LANE	
CITY-ST-ZIP	CLERMONT FL	
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		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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		
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		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *V L 2* **VICTOR MONTALVO TORRES** **4/9/03** **(407) 405-3853**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)