

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 623616

1. Entity Name

VICTOR'S MOTORS AND BUSSES INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90067 034 ***150.00

Principal Place of Business

8265 NW 93 STREET
MEDLEY FL 33166

Mailing Address

8265 NW 93 STREET
MEDLEY FL 33166-2027

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1892316

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

VALDIVIA, VICTOR
13841 S.W. 30TH STREET
MIAMI FL 33166

Name

VALDIVIA VICTOR

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

8315 N.W. 157TH TERRACE

City

MIAMI LAKES

FL

Zip Code 33016

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
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VALDIVIA, VICTOR
13841 S.W. 30TH STREET
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VALDIVIA, VICTOR
8315 N.W. 157TH TERRACE
MIAMI LAKES, FL. 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VALDIVIA, ISABEL
13841 S.W. 30TH STREET
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VALDIVIA, ISABEL
8315 N.W. 157TH TERRACE
MIAMI LAKES, FL. 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VALDIVIA, ELIZABETH
13841 SW 30 ST
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
STD
VALDIVIA, ELIZABETH
8315 N.W. 157TH TERRACE
MIAMI LAKES, FL. 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VALDIVIA, VICTOR F
13841 SW 30TH ST
MIAMI FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
VALDIVIA, VICTOR F.
8315 N.W. 157TH TERRACE
MIAMI LAKES, FL. 33016 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)