

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2003 8:00 am**  
**Secretary of State**

03-28-2003 90110 005 \*\*\*150.00

**DOCUMENT #** M03195

1. Entity Name

VALUE AUTO SALES INC.



**DO NOT WRITE IN THIS SPACE**

**90063496**

2. Principal Place of Business

3445 N.W. 27 AVENUE

Suite, Apt. #, etc.

3. Mailing Address

3445 N.W. 27 AVENUE

Suite, Apt. #, etc.

City & State

MIAMI, FLORIDA

City & State

MIAMI, FLORIDA

4. FEI Number

59-2437396

Applied For

Not Applicable

Zip

Country

33142-5208

Zip

Country

33142-5208

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

CARRASCOSA LEONARDO

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

5900 COLLINS AVENUE # 407

City

MIAMI BEACH

FL

Zip Code  
33140

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PST  
CARRASCOSA LEONARDO  
5900 COLLINS AVENUE #407  
MIAMI BEACH, FLORIDA 33140

TITLE  
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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LEONARDO CARRASCOSA 3/18/03 (305)633-3949

PRESIDENT

Date

Daytime Phone #

CR2E034B (12/02)