5/2

FILED
Jun 18, 2002 8:00 am
Secretary of State
05-27-2002 90437 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010707

1. Entity Name

VICAR MOTORS OF ORLANDO, INC.

DO NOT WRITE IN THIS SPACE

93634

2. Principal Place of Business		3. Mailing Address	
5698 S.O.B.T		5698 S.O.B.T.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: ORLANDO, FL.		City & State: ORLANDO, FL.	
Zip: 32809	Country: USA	Zip: 32809	Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3308457 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERTO GOSS

Street Address (P.O. Box Number is Not Acceptable): 5698 S.O.B.T.

City: ORLANDO FL Zip Code: 32809

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] President — 4-25-02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT	TITLE	
NAME	ROBERTO GOSS	NAME	
STREET ADDRESS	5698 S.O.B.T.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32809	CITY-ST-ZIP	
TITLE	SEC.	TITLE	
NAME	MILDRED A. GOSS	NAME	
STREET ADDRESS	5698 S.O.B.T.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL. 32809	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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

SIGNATURE: [signature] President — 4-25-02

6-18-02