

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2002 8:00 am
Secretary of State

04-09-2002 91177 006 ***150.00

DOCUMENT # P00000010791

1. Entity Name

V.I.P. AUTOMOBILE TRANSPORTERS INC.

Principal Place of Business

7474 ACORN CIRCLE
 SPRINGHILL FL 34606

Mailing Address

7474 ACORN CIRCLE
 SPRINGHILL FL 34606

2. Principal Place of Business

7382 SPRING HILL DR
 Suite, Apt. #, etc.

3. Mailing Address

7382 SPRING HILL DR
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

SPRING HILL, FL

City & State

SPRING HILL, FL

4. FEI Number

59-3622070

Applied For

Not Applicable

Zip

Country

34606

Zip

Country

34606

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

PEREIRA, JEANETTE
 7474 ACORN CIRCLE
 SPRINGHILL FL 34606

7. Name and Address of New Registered Agent

Name

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

7382 SPRING HILL DR.

City

SPRING HILL

FL

Zip Code

34606

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, 2002 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

TITLE PD ☐ Delete
 NAME HAMADA, ABDUL
 STREET ADDRESS 130-25 122 PLACE
 CITY-ST-ZIP JAMAICA NY 11420

TITLE VD ☐ Delete
 NAME PEREIRA, ANTONIO M
 STREET ADDRESS 7474 ACORN CIRCLE
 CITY-ST-ZIP SPRING HILL FL 34606

TITLE SD ☐ Delete
 NAME PEREIRA, JEANETTE
 STREET ADDRESS 7474 ACORN CIRCLE
 CITY-ST-ZIP SPRING HILL FL 34606

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7382 SPRING HILL DR
 CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
 NAME
 STREET ADDRESS 7382 SPRING HILL DR.
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jeanette Pereira Treasurer

3-14-02

352 686 6803

Date

Daytime Phone #

CR2E034 (9/01)