

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Aug 29, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000098366**1. Entity Name
NVS AUTO SALES, INC.

Principal Place of Business	Mailing Address
1880 NW 21 STREET	1880 NW 21 STREET
MIAMI FL 33142	MIAMI FL 33142

2. Principal Place of Business	3. Mailing Address
9090 NW SOUTH RIVER DR	9090 NW SOUTH RIVER DR

Suite, Apt. #, etc.	Suite, Apt. #, etc.
#5	#5

City & State	City & State
MIAMI FL	MIAMI FL

Zip	Country	Zip	Country
33166	US	33166	US

4. FEI Number	Applied For
65-1047774	Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALVAREZ OLGA LIDIA
1880 NW 21 STREET

MIAMI FL 33142 US

7. Name and Address of New Registered Agent

Name
ALVAREZ OLGA LIDIA
Street Address (P.O. Box Number is Not Acceptable)
9090 NW SOUTH RIVER DR.
#5
City MIAMI FL Zip Code 33166

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 **OLGA LIDIA ALVAREZ****08/29/2001**

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, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	PD	☐ Delete
NAME	GONZALEZ LISSETTE	
STREET ADDRESS	8722 NW 106 TERRACE	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	VD	☐ Delete
NAME	ALVAREZ OLGA LIDIA	
STREET ADDRESS	1880 NW 21 STREET	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	P	☒ Change ☐ Addition
NAME	ALVAREZ OLGA LIDIA	
STREET ADDRESS	9090 NW SOUTH RIVER DRIVE #5	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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: **OLGA LIDIA ALVAREZ**

P

08/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)