

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

FILED  
Apr 10, 2002 8:00 am  
Secretary of State

04-10-2002 90446 041 \*\*\*150.00

DOCUMENT # P00000098366

1. Entity Name

NVS AUTO SALES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
3804 NW 12 AVENUE

Suite, Apt. #, etc.

3. Mailing Address  
P.O. BOX 22471

Suite, Apt. #, etc.

City & State  
MIAMI, FL

Zip  
33127

Country  
USA

City & State  
HIALEAH, FL

Zip  
33012

Country  
USA

4. FEI Number  
65-1047774

Applied For  
Not Applicable

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

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B0064210

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IN THIS SPACE

7. Name and Address of Current Registered Agent

Name  
OLGA LIDIA ALVAREZ

Street Address (P.O. Box Number is Not Acceptable)  
3804 NW 12 AVENUE

City  
MIAMI

FL

Zip Code  
33127

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) ☐

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PRESIDENT  
OLGA LIDIA ALVAREZ  
3804 NW 12 AVENUE  
MIAMI, FL 33127

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VICE PRESIDENT  
LISSETTE GONZALEZ  
8722 NW 106 TERRACE  
HIALEAH GARDENS, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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:

*Olga Alvarez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-02-02

Date

Daytime Phone #