

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

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91516 003 ***150.00

DOCUMENT # <u>P00000098366</u>	
1. Entity Name NVS AUTO SALES	

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10089998

2. Principal Place of Business 9090 NW SOUTH RIVER DR Suite, Apt. #, etc. #5	3. Mailing Address P.O. BOX 22457 Suite, Apt. #, etc.
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City & State MIAMI, FL	City & State HIAEAH, FL	4. FEI Number 65-1047774	Applied For <input type="checkbox"/> Not Applicable
Zip 33166	Country USA	Zip 33002	Country USA
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

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305 W 22 ST.
Hialeah FL 33010

7. Name and Address of Current Registered Agent	
Name OLGA LIDIA ALVAREZ	
Street Address (P.O. Box Number is Not Acceptable) 9090 NW SOUTH RIVER DR #5	
City HIALEAH	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Olga Alvarez **OLGA LIDIA ALVAREZ** **4-24-03**
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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE P	NAME OLGA LIDIA ALVAREZ	TITLE	
STREET ADDRESS 9090 NW SOUTH RIVER DR #5	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP MIAMI, FL 33166	CITY - ST - ZIP	CITY - ST - ZIP	
TITLE PD	NAME LISSETTE GONZALEZ	TITLE	
STREET ADDRESS 8722 NW 106 TERR	STREET ADDRESS	STREET ADDRESS	
CITY - ST - ZIP MIAMI, FL 33016	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	

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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: OLGA LIDIA ALVAREZ **03/18/03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #