

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-28-2003 91400 021 ***150.00

DOCUMENT # P02000002624

1. Entity Name
CARSVIPSMIAMI, INC.



Principal Place of Business
~~4019 NORTH UNIVERSITY DRIVE~~
~~SUITE E104~~
~~SUNRISE FL 33351~~

Mailing Address
~~4019 NORTH UNIVERSITY DRIVE~~
~~SUITE E104~~
~~SUNRISE FL 33351~~



2. Principal Place of Business
2043 Winners Circle
Suite, Apt. #, etc.

3. Mailing Address
2043 Winners Cir.
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State
N. Lauderdale, FL
Zip
33068
Country
USA

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N. Lauderdale, FL
Zip
33068
Country
USA

4. FEI Number
80-0022385
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI FL 33145

7. Name and Address of New Registered Agent

Name
Edmundo Kavaliauskas
Street Address (P.O. Box Number is Not Acceptable)
2043 Winners Cir
City
N. Lauderdale **FL** Zip Code
33068

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

Signature, typed or printed name of registered agent and title, applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/27/03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSTD
KAVALIAUSKAS, EDMUNDO ☐ Delete
4019 NORTH UNIVERSITY DRIVE SUITE E104
SUNRISE FL 33351

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
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CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
2043 winners circle
N. Lauderdale, FL 33068

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

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☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other info empowered.

SIGNATURE **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/03 (954) 597-8455

Date Daytime Phone #

CR2E034 (10/02)