

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90066 014 \*\*\*150.00

**DOCUMENT # P02000069949**

**1. Entity Name**  
**VIRGO MOTORS, INC.**



**Principal Place of Business**

**4616 NW 107TH AVENUE**  
**2107**  
**MIAMI FL 33178**

**Mailing Address**

**4616 NW 107TH AVENUE**  
**2107**  
**MIAMI FL 33178**

**2. Principal Place of Business**

**8330 NW 68 St.**  
**Suite, Apt. #, etc.**

**3. Mailing Address**

**8330 NW 68 St.**  
**Suite, Apt. #, etc.**

**City & State**

**Miami FL**

**City & State**

**Miami FL**

**Zip**

**33166**

**Country**

**USA**

**Zip**

**33166**

**Country**

**USA**

**4. FEI Number**

**27-0019117**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

**\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**AMARO, MORAYMA**  
**8469 NW 70TH STREET**  
**MIAMI FL 33186**

**7. Name and Address of New Registered Agent**

**Name**

**Morayma Amaro**

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

**1001 Brickell Bay Drive, #2908**

**City**

**Miami**

**FL**

**Zip Code**

**33131**

**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**

**Morayma Amaro**

**1-27-03**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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** **PTD** ☐ Delete  
**NAME** **AMARO, MISAEL L**  
**STREET ADDRESS** **4616 NW 107TH AVENUE, #2107**  
**CITY-ST-ZIP** **MIAMI FL 33178**

**TITLE** **VSD** ☐ Delete  
**NAME** **AMARO, MORAYMA**  
**STREET ADDRESS** **4616 NW 107TH AVENUE, #2107**  
**CITY-ST-ZIP** **MIAMI FL 33178**

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE** ☐ Delete  
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**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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

**TITLE** ☐ Change ☐ Addition  
**NAME**  
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**NAME**  
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**CITY-ST-ZIP**

CR2E034 (10/02)

**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 like empowered.**

**SIGNATURE:**

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

**1-27-03 305 477-5922**

Date Daytime Phone #