

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 24, 2003 8:00 am**  
**Secretary of State**

01-24-2003 90072 048 \*\*\*150.00

**DOCUMENT # P02000107482**

1. Entity Name  
**V.R. AUTOMOTIVE REPAIR, CORP.**



Principal Place of Business  
**8038 NW 103 ST #41**  
**HIALEAH GARDENS FL 33016**

Mailing Address  
**8038 NW 103 ST #41**  
**HIALEAH GARDENS FL 33016**



2. Principal Place of Business  
**8038 NW 103 ST**

3. Mailing Address  
**8038 NW 103 ST**

Suite, Apt. #, etc.

**Bay # 41**

Suite, Apt. #, etc.

**Bay # 41**

City & State  
**Hialeah Gardens**

City & State  
**Hialeah Gardens**

4. FEI Number  
**30-0118796**

Applied For  
☐ Not Applicable

Zip  
**33016**

Country  
**FL**

Zip  
**33016**

Country  
**FL**

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

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

**RAMOS, VIRGINIA**  
**8038 NW 103 ST #41**  
**HIALEAH GARDENS FL 33016**

## 7. Name and Address of New Registered Agent

Name **Virginia Ramos**  
Street Address (P.O. Box Number is Not Acceptable)  
**8038 NW 103 ST**  
**Bay # 41**  
City **Hialeah Gardens** FL Zip Code **33016**

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 **Virginia Ramos**

**01/14/03**

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 NAME STREET ADDRESS CITY-ST-ZIP	DP RAMOS, VIRGINIA 8038 NW 103 ST #41 HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VASQUEZ, LUDIVIA 8038 NW 103 ST #41 HIALEAH GARDENS FL 33016	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP Ramos, Virginia 8038 NW 103 ST #41 Hialeah Gardens FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV Vasquez, Ludivia 8038 NW 103 ST #41 Hialeah Gardens FL 33016	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: **Virginia Ramos**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**01/14/03 (305) 823-5067**  
Date Daytime Phone #

CR2E034 (10/02)