2003 FOR PROFIT CORPORATION

FILED Jan 24, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P02000112895 DOCUMENT # 1. Entity Name 01-24-2003 90136 007 ***150.00 VILLA AUTO SALES CORPORATION Mailing Address Principal Place of Business TUUTUUJ4 2310 MYRNA STREET 2310 MYRNA STREET ORLANDO FL 32839 ORLANDO FL 32839 3. Mailing Address 592998 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. HECK HERE IF MAKING CHANGES 4. FEI Number 05-0.8 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered 7. Name and Address of New Registered Agent محار والمساورة AVESCAT, JOCELYN Street Address (P.O. Box Number is Not Acceptable) 2310 MYRNA STREET ORLANDO FL 32839 City Zip Code 8. The above named entity submits this statement for the corpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of register **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.06 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 10. 11. PRES Delete TITLE TITI F RENIS NORELIEN AVESCAT, JULES A NAME NAME 33 LATE COURT STREET ADDRESS 2310 MYRNA STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP SEC ☐ Delete TITLE Change · Addition TITLE NAME AVESCAT, JOCELYN NAME STREET ADDRESS 2310 MYRNA STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32839 CITY-ST-ZIP TRES TITLE Change ☐ Addition TITLE Detete AVESCAT, VILLA NAME NAME STREET ADDRESS STREET ADDRESS 12320 HOLLY JANE COURT CITY-ST-7IP ORLANDO FL 32824 CITY-ST-ZIP Delete Change Addition TITLE TITLE AVESCAT, GEORDANY NAME NAME 12320 HOLLY JANE COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32824 CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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. changed, or on an attachment

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

3R2E034 (10/02)