APR-26-2005 06:13 FROM:NL PROFESSIONAL SERV (305)752-7036

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May 02, 2005 8:00 am
Secretary of State
05-02-2005 90380 001 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P04000095120

1. Entity Name
UNIVERSAL AUTO SALES OF SOUTH FLORIDA INC.

DO NOT WRITE IN THIS SPACE

14012100

2. Principal Place of Business	3. Mailing Address
1863 S.W. 31 Ave	4779 Collins Ave #3807
Suite, Apt #, etc	Suite, Apt #, etc
City & State: Pembroke Park, Fl.	City & State: Miami Beach, Fl.
Zip: 33009 Country: Broward	Zip: 33140 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-1279402 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name

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

City FL Zip Code

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

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	PST	TITLE	
NAME	MARIA G VIGO	NAME	
STREET ADDRESS	4779 Collins Ave #3807	STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, Fl. 33140	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria dela Gracia Vigo MARIA G VIGO 4/26/05 (305)695/436
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #