

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90932 020 ***150.00

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DOCUMENT # P93000053002

1. Entity Name
V & V AUTO SALES, INC.



Principal Place of Business
**315 S. OBT
ORLANDO FL 32805
US**

Mailing Address
**315 S. OBT
ORLANDO FL 32805
US**



2. Principal Place of Business
540 N. STATE RD 434

3. Mailing Address
540 N. STATE RD 434

Suite, Apt. #, etc.
SUITE 172

Suite, Apt. #, etc.
SUITE 172

City & State
ALTAMONTE SPRINGS, FL

City & State
ALTAMONTE SPRINGS, FL

Zip
32714

Country
SEMINOLE

Zip
32714

Country
SEMINOLE

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3192468**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MONTALVO, VICTOR
13222 LOBLOLLY LANE
SUITE 165
CLERMONT FL 34711**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *V L 2* *VICTOR MONTALVO TORRES*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/9/03
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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **MONTALVO, VICTOR**
STREET ADDRESS **13222 LOBBELLY LANE**
CITY-ST-ZIP **CLERMONT FL**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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: *VICTOR MONTALVO TORRES* *4/9/03* *(407) 405-3853*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)