

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000049598

1. Entity Name
R & V DIESEL, INC.

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90020 031 ***150.00

Principal Place of Business

1342 NW 14 AVE
POMPANO BEACH FL 33060

Mailing Address

1342 NW 14 AVE
POMPANO BEACH FL 33060

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

1300 NW 13 ST.

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

65-0519144

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

AGUILAR, ROY
1342 NW 14 AVE
POMPANO BEACH FL 33060

Name

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

1300 NW 13 Street

City

Pompano Beach

FL

Zip Code

33069

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD AGUILAR, VIVIANNE M 5963 NW 27 PL SUNRISE FL 33313 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S AGUILAR, ROY 1342 NW 14 AVE POMPANO BEACH FL 33060 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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 Block 12 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

3/15/01

Date

Daytime Phone #

954 977 9274

CR2E034 (10/00)