

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2002 8:00 am
Secretary of State
 05-05-2002 90297 025 ***150.00

DOCUMENT # P95000080127

1. Entity Name
VIC-CAR ENTERPRISES, INC.

Principal Place of Business

**857 MENDOZA DR
 KISSIMMEE FL 34758
 US**

Mailing Address

**857 MENDOZA DRIVE
 KISSIMMEE FL 34758
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 ANDORA CT

3. Mailing Address

21 ANDORA CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Kissimmee Florida

City & State

Kissimmee Florida

4. FEI Number

59-3339352

Applied For

Not Applicable

Zip

34758

Country

USA

Zip

34758

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CARVAJAL, VICTOR M
 857 MENDOZA DRIVE
 KISSIMMEE FL 34758**

7. Name and Address of New Registered Agent

Name **Victor CARVAJAL**
 Street Address (P.O. Box Number is Not Acceptable)
21 ANDORA CT
 City **Kissimmee** FL Zip Code **34758**

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, 2002 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

TITLE **PD** ☐ Delete
 NAME **CARVAJAL, VICTOR**
 STREET ADDRESS **857 MENDOZA DRIVE**
 CITY-ST-ZIP **KISSIMMEE FL 34758**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Change ☐ Addition
 NAME **Victor CARVAJAL**
 STREET ADDRESS **21 ANDORA CT**
 CITY-ST-ZIP **Kissimmee Florida 34758**

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

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

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

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

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

CR2E034 (9/01)

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/18/02
 Date

Daytime Phone #