

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90220 037 ***150.00

DOCUMENT # P96000075163

1. Entity Name

JVR AUTO, CORP.

Principal Place of Business

9811 NW 80TH AVENUE BAY 7-C
HIALEAH GARDENS FL 33016

Mailing Address

9811 NW 80TH AVENUE BAY 7-C
HIALEAH GARDENS FL 33016

2. Principal Place of Business

4960 SW 52 ST

Suite, Apt. #, etc.

BAY 417

City & State

DAVIE FL

Zip

33314

Country

BROWARD

3. Mailing Address

4960 SW 52 ST

Suite, Apt. #, etc.

BAY 417

City & State

DAVIE FL

Zip

33314

Country

BROWARD

6. Name and Address of Current Registered Agent

MACEDO, CARLOS
8870 SW 40TH STREET
MIAMI FL 33165

7. Name and Address of New 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

Carlos Macedo
Signature, typed or printed name of registered agent and title if applicable.

CARLOS MACEDO
(NOTE: Registered Agent signature required when reinstating)

DATE

04-29-01

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	SANCHEZ, CARMEN	
STREET ADDRESS	780 S WIND CIRCLE	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	VP/D	<input type="checkbox"/> Delete
NAME	CASERES, VICTOR	
STREET ADDRESS	780 S WIND CIRCLE	
CITY-ST-ZIP	SUNRISE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANCHEZ, CARMEN	
STREET ADDRESS	780 S. WIND CIR	
CITY-ST-ZIP	SUNRISE FL 33326	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASERES, VICTOR	
STREET ADDRESS	780 S. WIND CIR	
CITY-ST-ZIP	WESTON FL 33326	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Victor Caseres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CASERES VICTOR

04-29-01 954 2884945

Date

Daytime Phone #

CR2E034 (10/00)

00050564



DO NOT WRITE IN THIS SPACE