

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90081 021 ***150.00

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DOCUMENT # P97000033225

1. Entity Name
VW, INC.



Principal Place of Business
2031 NW 98 TR.
PEMBROKE PINES FL 33024

Mailing Address
P O BOX 245398
PEMBROKE PINES FL 33024



2. Principal Place of Business
8321 PINES BLVD

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay G-5

City & State
Pembroke Pines

City & State

Zip
FL 33024

Zip
Country

4. FEI Number 65-0822778

Applied For
Not Applicable

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

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BRAZIL, MARCIA
~~1971 NW 98 TERRACE APT M~~
PEMBROKE PINES FL 33024

Name BRAZIL, MARCIA

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

8321 PINES BLVD, Bay G-5

City Pembroke Pines FL Zip Code 33024

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 MARCIA BRAZIL DATE 4/9/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 DP ☐ Delete
NAME BRAZIL, MARCIA A
STREET ADDRESS 2031 NW 98 TR.
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE DIRECTOR/PRESIDENT ☒ Change ☐ Addition
NAME BRAZIL, MARCIA A
STREET ADDRESS 8321 PINES BLVD, Bay G-5
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DIRECTOR ☐ Change ☒ Addition
NAME BRAZIL, STEPHEN, P.
STREET ADDRESS 8321 PINES BLVD, Bay G-5
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: MARCIA BRAZIL DATE 4/9/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (10/02)