

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **097000043812**

1. Entity Name
VILLA USED AUTO SALES INC

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
00 OCT -6 PM 3:49

Principal Place of Business Mailing Address - **SAME**
4950 S. ORANGE BLOSSOM TRAIL
ORLANDO FL ~~32839~~ 32839

2. Principal Place of Business
4950 S ORANGE Blossom TR
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
ORLANDO FL
Zip
32839

City & State
Country
US

4. FEI Number
59-3445479

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

Villa Jules Avescat
4950 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839

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 _____ (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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 DPT	<input type="checkbox"/> Delete
NAME Villa Jules Avescat	
STREET ADDRESS 4950 S Orange Blossom Trail	
CITY-ST-ZIP Orlando FL 32839	
TITLE DVS	<input type="checkbox"/> Delete
NAME Claudett Avescat	
STREET ADDRESS 4950 S. Orange Blossom Trail	
CITY-ST-ZIP Orlando FL 32839	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	800003422408 -- 1
CITY-ST-ZIP	-10/12/00--01021--023
	***150.00 ***150.00
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	

10/10

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

10-02-2000
Date Daytime Phone #