

2001 UNIFORM BUSINESS REPORT (UBR)

Handwritten initials/signature

DOCUMENT # P97000043812
1. Entity Name
 Villa Used Auto Sales, Inc.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 01 DEC 26 PM 1:22

Principal Place of Business **Mailing Address**
 4950 S. Orange Blossom Trail
 Orlando, FL 32839

2. Principal Place of Business **3. Mailing Address**
 4950 S. Orange Blossom Tr. P.O. Box: 5922205
 Suite, Apt. #, etc. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

4. FEI Number 593445479 **Applied For** Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 Villa J. 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

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: Villa J. Avescat *DATE: 12/14/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and President <input type="checkbox"/> Delete Villa J. Avescat 4950 S. Orange Blossom Trail Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Yves Leonard 4950 S. Orange Blossom Trail Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Jean P. Voltaire 4950 S. Orange Blossom Trail Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director and Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Paris Clerveau 4950 S. Orange Blossom Trail Orlando, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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: *Villa J. Avescat* *11/02/01* *407 816 9110*
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/00)