

2001 UNIFORM BUSINESS REPORT (UBR)

[Handwritten signature]

DOCUMENT # P97000043812

1. Entity Name

Villa Used Auto Sales, Inc.

FILED
CLERK 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

4950 S. Orange Blossom Tr.

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 5922205

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Orlando, FL

City & State

Orlando, FL

4. FEI Number

593445479

Applied For

Not Applicable

Zip

32839

Country

USA

Zip

32859-2205

Country

USA

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

7000004765677-5

-01/10/02 FD 1084-013

***150.00

***150.00

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

12/14/01

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE: Director and President ☐ Delete
NAME: Villa J. Avescat
STREET ADDRESS: 4950 S. Orange Blossom Trail
CITY-ST-ZIP: Orlando, FL 32839

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

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NAME: ☐ Delete
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CITY-ST-ZIP: ☐ Delete

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: Director and Vice President ☐ Change ☒ Addition
NAME: Yves Leonard
STREET ADDRESS: 4950 S. Orange Blossom Trail
CITY-ST-ZIP: Orlando, FL 32839

TITLE: Director and Secretary ☐ Change ☒ Addition
NAME: Jean P. Voltaire
STREET ADDRESS: 4950 S. Orange Blossom Trail
CITY-ST-ZIP: Orlando, FL 32839

TITLE: Director and Treasurer ☐ Change ☒ Addition
NAME: Paris Clerveau
STREET ADDRESS: 4950 S. Orange Blossom Trail
CITY-ST-ZIP: Orlando, FL 32839

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

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

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

[Signature] Villa J. Avescat

11/02/01

210781691AD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)