

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000044275

FILED  
Apr 30, 2002 8:00 AM  
Secretary of State

Entity Name: VILLAGE CAR SERVICE II, INC.

**Current Principal Place of Business:**

2331 BAYBERRY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2331 BAYBERRY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

FEI Number: 65-0760513      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

TRUPPMAN, HAROLD B  
1990 NE 163 ST STE 205  
MIAMI, FL 33162      US

**Name and Address of New Registered Agent:**

VARONE, PASQUALE M  
2331 BAYBERRY DRIVE  
PEMBROKE PINES, FL 33024      US

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: PASQUALE VARONE      04/30/2002  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).  
Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: SCHUHMANN, KRISTEN  
Address: 2331 BAYBERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D      ( ) Delete  
Name: JAROSZ, LEONA  
Address: 2331 BAYBERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: P      ( ) Delete  
Name: VARONE, BARBARA A.  
Address: 2331 BAY BERRY DR  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BARBARA VARONE      P      04/30/2002  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date