

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 16, 2001 8:00 am**  
**Secretary of State**

05-16-2001 90402 015 \*\*\*150.00

**DOCUMENT # P97000088877**

1. Entity Name

**VEHICLES TO GO, INC.**

Principal Place of Business

**2401 SW 31 AVE  
 B-11& 12  
 PEMBROKE PARK FL 33009  
 US**

Mailing Address

**10109 S.W. 22ND TERRACE  
 MIAMI FL 33165**

**D0054486**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0787533**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALDEZ, NELSON  
 2011 RENAISSANCE BLVD #101  
 MIRAMAR FL 33025**

Name **NELSON VALDES**

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

**2011 RENAISSANCE BLVD #303**

City **MIRAMAR**

FL

Zip Code **33025**

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

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

**NELSON VALDES V.P.**

(NOTE: Registered Agent signature required when reinstating)

**1/19/01**  
 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 \$150.00  
 After MAY 1, 2001 Fee will be \$550.00  
 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
 NAME **PONCE, LAZARO I**  
 STREET ADDRESS **10109 S.W. 22ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **T** ☐ Delete  
 NAME **PONCE, AILEEN C**  
 STREET ADDRESS **10109 S.W. 22ND TERRACE**  
 CITY-ST-ZIP **MIAMI FL 33165**

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

TITLE **S** ☐ Delete  
 NAME **VALDES, CLAUDIA P**  
 STREET ADDRESS **2011 RENAISSANCE BLVD #101**  
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **#303**  
 CITY-ST-ZIP

TITLE **VP** ☐ Delete  
 NAME **VALDES, NELSON**  
 STREET ADDRESS **2011 RENAISSANCE BLVD #101**  
 CITY-ST-ZIP **MIRAMAR FL 33025**

TITLE ☒ Change ☐ Addition  
 NAME  
 STREET ADDRESS **#303**  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**NELSON VALDES V.P.**

**1/19/01 (305) 401-5750**  
 Date Daytime Phone #

CR2E034 (10/00)