

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90775 022 ***150.00

DOCUMENT # P97000088877

1. Entity Name
VEHICLES TO GO, INC.



Principal Place of Business
**2401 SW 31 AVE
B-118 12
PEMBROKE PARK FL 33009
US**

Mailing Address
**2011 RENAISSANCE BLVD.
303
MIRAMAR FL 33025**

2. Principal Place of Business

3. Mailing Address

9608 N.W. 13 STREET

2011 RENAISSANCE BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#303

City & State

Miami FL

City & State

MIRAMAR FL

Zip

33172

Country

U.S.A.

Zip

33025

Country

U.S.A.

4. FEI Number

65-0787533

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VALDES, NELSON

2011 RENAISSANCE BLVD #303

MIRAMAR FL 33025

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPS
VALDES, CLAUDIA P
2011 RENAISSANCE BLVD #303
MIRAMAR FL 33025** ☐ Delete

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

TITLE
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CITY-ST-ZIP
**P
VALDES, NELSON
2011 RENAISSANCE BLVD #303
MIRAMAR FL 33025** ☐ Delete

TITLE
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☐ 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 607, 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-03 (305) 613-7233

Date

Daytime Phone #

CR2E034 (10/02)