2001 UNIFORM BUSINESS REPORT (UBR)

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000034066 1. Entity Name VERA MOTORS, CORP.						FILED Apr 24, 2001 8:00 am					
						Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90021 044 ***150.00					
Principal Plac 7166 N.W. 6 C MIAMI FL 3315		Mailing Address 7166 N.W. 6 CT. MIAMI FL 33150	7166 N.W. 6 CT.			643957					
2. Principal F	Place of Business	3. Mailing Address	3. Mailing Address						6)6) 60) 6		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
City & Star	te	City & State	City & State			FEI Number	65-0829508			oplied For ot Applicable	
Zip Country		Zip	Zip Cour			Certificate of	Status Desired		8.75 Add	ditional	
Name and Address of Current Registered Agent				Name	7.	Name and Ad	dress of New Re	gistered A	gent		
6341	a, rodrigo I sedgewyck circle W. Ie Fl 33331				idress (P.O.	Box Number is	s Not Acceptable				
	1			City				FL	Zip Cod	e	
8. The above	named entity submits this statem	ent for the purpose of changing its	register	ed office or	registered as	gent, or both, i	n the State of Flor		<u> </u>		
Tax filing	Signature, typed or printed name of registered praction is eligible to satisfy its Intar requirement and elects to do so, ria on back)		!!! FEE 001 Fee	IS \$150.0 will be \$5	50.00	10. Election	on Campaign Fina Fund Contribution	~ —		O May Be	
11.	·	AND DIRECTORS	12.			DDITIONS/CH	ANGES TO OFFI	CERS AND	DIRECTOR	S iN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, LUIS A 3301 S.W. 134 AVE. MIRAMAR FL 33027	☐ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD VERA, RODRIGO 6341 SEDGEWYCK CIRCLE DAVIE FL 33331	□ Delete W .							Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	و المحادث المح	Delete	NAM STRE	E ET ADDRESS					. Change	☐ Addition-	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	1						☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete							Change	Addition	
indicated	certify that the information supplied on this report or supplemental rep poration or the receiver or trustee	oort is true and accurate and that r	nv siana	ture shali ha	eve the same	legal effect as	if made under o	ath: that lan	n an officer	or director	

SKINATURE AND TYPED OR PRINTED NAME DE SIGNING OFFICER OR DIRECTOR VEVA 4/18/0/ 305) 834-1082