

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000071517

1. Entity Name

V & F TRANSMISSION CORP.

VIC TRANSMISSIONS Inc.

Principal Place of Business

Mailing Address

3725 PEMBROKE RD. #A-2
HOLLYWOOD FL 33021

3725 PEMBROKE RD. #A-2
HOLLYWOOD FL 33021-8269

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0863195

Applied For
Not Applicable

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

RAMIREZ, FERNANDO
3725 PEMBROKE RD. #A-2
HOLLYWOOD FL 33021

Name VICTOR J. MUÑOZ

Street Address (P.O. Box Number is Not Acceptable)
3725 PEMBROKE RD, #A-2

City HOLLYWOOD, FL Zip Code 33021

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 

PRESIDENT/DIRECTOR

DATE 4/6/00

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, 2000 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 PD ☐ Delete
NAME MUNOZ, VICTOR J
STREET ADDRESS 6512 FLETCHER ST
CITY-ST-ZIP HOLLYWOOD FL 33023

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

TITLE VD ☒ Delete
NAME RAMIREZ, FERNANDO
STREET ADDRESS 6332 GARFIELD ST
CITY-ST-ZIP HOLLYWOOD FL 33024

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

TITLE ☐ Delete
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 11, 2000 8:00 am
Secretary of State

04-11-2000 90061 014 ***150.00



DO NOT WRITE IN THIS SPACE

CR2E034 (9/99)