

5/21

**FILED**  
**Jun 10, 2002 8:00 am**  
**Secretary of State**

05-21-2002 90885 026 \*\*\*150.00

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

DOCUMENT # 99000089648 ✓

1. Entity Name

**VOLKSWAGEN GROUP LATIN AMERICA****DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**701 Waterford Way**

Suite, Apt. #, etc.

**NW 62nd Ave (Suite 590)**

City &amp; State

**Miami, FL**

3. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip

Country

Zip

Country

**33126****USA**

4. FEI Number

**38-6748836**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

**CT CORPORATION SYSTEM**

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

**1200 S. PINE ISLAND RD**

City

**PLANTATION**

FL

Zip Code

**33324****DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00****Amended UBR is \$61.25****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

TITLE	<b>D</b>
NAME	<b>HARTZ, PETER DR</b>
STREET ADDRESS	<b>BERLINER RING 1, 38436 WOLFSBURG</b>
CITY-ST-ZIP	<b>FEDERAL REPUBLIC OF GERMANY</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b>
NAME	<b>ALCANTARA, LAURO</b>
STREET ADDRESS	<b>BERLINER RING 1, 38436 WOLFSBURG</b>
CITY-ST-ZIP	<b>FEDERAL REPUBLIC OF GERMANY</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b>
NAME	<b>DAVIDSON, WILLIAM E</b>
STREET ADDRESS	<b>3800 HAMMUN ROAD</b>
CITY-ST-ZIP	<b>ABBURN HILLS, MI 48226</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b>
NAME	<b>LIMBACH, RALF</b>
STREET ADDRESS	<b>NW 62ND AVE SUITE 590</b>
CITY-ST-ZIP	<b>MIAMI, FL 33126</b>

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<b>D</b>
NAME	<b>SCHINDLER, PETER DR</b>
STREET ADDRESS	<b>BERLINER RING 38436, WOLFSBURG</b>
CITY-ST-ZIP	<b>FEDERAL REPUBLIC OF GERMANY</b>

TITLE	
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STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE: **RALF LIMBACH**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**APRIL 5, 2002**

Date

Daytime Phone #

CR2E034B (12/01)