

STATE OF FLORIDA

Mail Lien Satisfaction to: Dept of Highway Safety and Motor Vehicles, Neil Kirkman Building, Tallahassee, FL 32399-0500

T# 2127352167  
B# 3589030

Identification Number 2C3CDZAG3FH710097	Year 2015	Make DODG	Body 2D	WT-L-BHP 3834	Vessel Regis. No.	Title Number 151142788
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Registered Owner: **JOSE DE ARIMATHEA DIAS BARROS** Date of Issue **05/14/2025**

6995 NW 82ND AVE STE 36  
MIAMI, FL 33166-2783

Lien Release  
Interest in the described vehicle is hereby released  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

**IMPORTANT INFORMATION**

- When ownership of the vehicle described herein is transferred, the seller MUST complete in full the Transfer of Title by Seller section at the bottom of the certificate of title.
- Upon sale of this vehicle, the seller must complete the notice of sale on the reverse side of this form.
- Remove your license plate from the vehicle.
- See the web address below for more information and the appropriate forms required for the purchaser to title and register the vehicle, mobile home or vessel: <http://www.fhsmv.gov/html/titinf.html>

Mail To: **JOSE DE ARIMATHEA DIAS BARROS**  
6995 NW 82ND AVE STE 36  
MIAMI, FL 33166-2783

# CERTIFICATE OF TITLE

Identification Number 2C3CDZAG3FH710097	Year 2015	Make DODG	Body 2D	WT-L-BHP 3834	Vessel Regis. No.	Title Number 151142788
Prev State FL	Color SIL	Primary Brand	Secondary Brand	No of Brands	Use PRIVATE	Prev Issue Date 03/05/2025
Odometer Status or Vessel Manufacturer or OH use 86,970 MI 05/14/2025 ACTUAL				Engine Drive	Hull Material	Prop
						Date of Issue 05/14/2025

Lien Release  
Interest in the described vehicle is hereby released  
By \_\_\_\_\_  
Title \_\_\_\_\_  
Date \_\_\_\_\_

Registered Owner  
**JOSE DE ARIMATHEA DIAS BARROS**  
6995 NW 82ND AVE STE 36  
MIAMI, FL 33166-2783

DUPLICATE

1st Lienholder  
NONE

DIVISION OF MOTORIST SERVICES

TALLAHASSEE



FLORIDA

DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

*Robert R. Kynoch*

Robert R. Kynoch  
Director

*David M. Kerner*

David M. Kerner  
Executive Director

Control Number **174167936**

1 / 23 174167936

**TRANSFER OF TITLE BY SELLER (This section must be completed at the time of sale.)**

Federal and/or state law require that the seller state the mileage, purchaser's name, selling price and date sold in connection with the transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment. This title is warranted to be free from any liens except as noted on the face of the certificate and the motor vehicle or vessel described is hereby transferred to:

Seller Must Enter Purchaser's Name \_\_\_\_\_ Address \_\_\_\_\_

Seller Must Enter Selling Price \_\_\_\_\_ Seller Must Enter Date Sold \_\_\_\_\_

I/We state that this  5 or  6 digit odometer now reads \_\_\_\_\_  (no tenths) miles, date read \_\_\_\_\_ and I hereby certify that to the best of my knowledge the odometer reading:  1 reflects ACTUAL MILEAGE  2 is IN EXCESS OF ITS MECHANICAL LIMITS  3 is NOT THE ACTUAL MILEAGE.

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

SELLER Must Sign Here: \_\_\_\_\_

CO-SELLER Must Sign Here: \_\_\_\_\_

Print Here: \_\_\_\_\_

Print Here: \_\_\_\_\_

Selling Dealer's License Number \_\_\_\_\_ Tax No. \_\_\_\_\_ Tax Collected \_\_\_\_\_

Auction Name \_\_\_\_\_ License Number: \_\_\_\_\_

PURCHASER Must Sign Here: \_\_\_\_\_

CO-PURCHASER Must Sign Here: \_\_\_\_\_

Print Here: \_\_\_\_\_ Print Here: \_\_\_\_\_

**NOTICE: PENALTY IS REQUIRED BY LAW IF NOT SUBMITTED FOR TRANSFER WITHIN 30 DAYS AFTER DATE OF PURCHASE.**

VOID IF ALTERED

**STATE OF FLORIDA**  
**DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES**  
**DIVISION OF MOTOR VEHICLES**  
**2900 Apalachee Parkway • Neil Kirkman Building - Tallahassee, FL 32399-0620**  
**Notice of Sale of Motor Vehicle, Mobile Home or Vessel**

Section 319.22(2), Florida Statutes, requires that the seller file a Notice of Sale with the department within 30 days after the sale or transfer of the motor vehicle, vessel or mobile home. Filing this form removes any civil liability for the operation of the sold motor vehicle, vessel or mobile home. In addition to filing this form, we suggest you keep a copy of your bill of sale (we suggest it be notarized), certificate of title or other type of transaction document showing the vehicle was sold. **Complete the information below, tear the top portion of this document at the perforation and mail to the address above or submit to your local tax collector's office or license plate agency.**

I have this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, transferred by assignment of and delivered Florida Certificate of Title to:

Name: Purchaser(s) \_\_\_\_\_ First MI Last Purchaser's DL/ID \_\_\_\_\_

Address \_\_\_\_\_ Selling Price \$ \_\_\_\_\_

UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.

Seller's Signature \_\_\_\_\_ Co-Seller's Signature \_\_\_\_\_

**NOTE: THE SUBMISSION OF THIS FORM, ACCURATELY COMPLETED, TO A TAX COLLECTOR'S OFFICE, LICENSE PLATE AGENCY OR TO THE ADDRESS ABOVE WILL ALLOW THE TITLE CLERK TO UPDATE THE DMV DATABASE TO REFLECT THE TITLE RECORD AS "SOLD". HOWEVER, THE OWNERSHIP STATUS WILL NOT CHANGE UNTIL THE PURCHASER APPLIES FOR AND IS ISSUED A CERTIFICATE OF TITLE.**

ODOMETER CERTIFICATION - Federal and state laws require that you state the mileage in connection with transfer of ownership. Failure to complete or providing a false statement may result in fines and/or imprisonment.

<b>FIRST REASSIGNMENT BY LICENSED DEALER</b>	Selling Dealer's License No.: _____ Selling Dealer's Name: _____ Selling Dealer's Address: _____ Purchaser's Name(s): _____ Address: _____ I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ ____/____/____ AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:	Tax No.: _____ Tax Collected: _____ Date Sold: _____
	CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY	
	Purchaser Must Sign Here: _____ Print Here: _____ Seller/Agent Must Sign Here: _____ Print Here: _____	Co-Purchaser Must Sign Here: _____ Print Here: _____ Auction Name (When Applicable): _____ Auction License Number: _____
<b>SECOND REASSIGNMENT BY LICENSED DEALER</b>	Selling Dealer's License No.: _____ Selling Dealer's Name: _____ Selling Dealer's Address: _____ Purchaser's Name(s): _____ Address: _____ I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ ____/____/____ AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:	Tax No.: _____ Tax Collected: _____ Date Sold: _____
	CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY	
	Purchaser Must Sign Here: _____ Print Here: _____ Seller/Agent Must Sign Here: _____ Print Here: _____	Co-Purchaser Must Sign Here: _____ Print Here: _____ Auction Name (When Applicable): _____ Auction License Number: _____
<b>THIRD REASSIGNMENT BY LICENSED DEALER</b>	Selling Dealer's License No.: _____ Selling Dealer's Name: _____ Selling Dealer's Address: _____ Purchaser's Name(s): _____ Address: _____ I/WE STATE THAT THIS <input type="checkbox"/> 5 OR <input type="checkbox"/> 6 DIGIT ODOMETER NOW READS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (NO TENTHS) MILES, DATE READ ____/____/____ AND I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ODOMETER READING:	Tax No.: _____ Tax Collected: _____ Date Sold: _____
	CAUTION: READ CAREFULLY BEFORE YOU CHECK A BOX <input type="checkbox"/> 1. REFLECTS ACTUAL MILEAGE <input type="checkbox"/> 2. IS IN EXCESS OF ITS MECHANICAL LIMITS (EXCESS OF ITS MECHANICAL LIMITS APPLIES TO 5 DIGIT ODOMETERS) <input type="checkbox"/> 3. IS NOT THE ACTUAL MILEAGE. WARNING - ODOMETER DISCREPANCY	
	Purchaser Must Sign Here: _____ Print Here: _____ Seller/Agent Must Sign Here: _____ Print Here: _____	Co-Purchaser Must Sign Here: _____ Print Here: _____ Auction Name (When Applicable): _____ Auction License Number: _____





DIRECCIÓN NACIONAL DE  
**MIGRACIONES**  
PARAGUAY

**ADMISIÓN  
TEMPORARIA**

VALIDO 2 AÑOS



T 147696



Apellidos, Nombres

**DIAS BARROS**

**JOSE DE ARIMATEA**

Fecha de Nac. Sexo

29/02/1952

M

Lugar de Nac.

PALMA/MG-BRA

NACIONALIDAD : BRASILEIRA

00134628

PY

0206~0004686~D

Sec : 202



T 147696

TIPO Y N° DE DOC : CI-1.075.339-2

RES.DNM N° : 019702 - 19 de Noviembre de 2025


Profesión : AGRICULTOR/A

Regimen : Ley N° 6984/22

OBS. : NINGUNA

VENCE : 19 de Noviembre de 2027

2025M1

  
Abg. Leila Olavarieta  
Directora General  
Dirección General de Extranjeros