vitu

Cover Sheet - FL

Process Date	Transaction Id
09/30/2026	193587674
Titling State	**Military**
FL	N

19UUB1F59GA009502 2016 ACURA
Used Auto

Vehicle Info

Model:	TLX
Body Type:	Four Door
GVW:	5000
Fuel Type:	Gas
Odometer Reading:	128646

Sale Information

Purchase Date:	09/30/2026
Sale Type:	Purchase
Taxable Selling Price:	0.00
MSRP:	
List Price:	
Trade in Value:	

Owner Info

Owner 1 Name:	Andrea Valverde
Owner 2 Name:	
Registered Address:	11002 NW 83rd St 210, Doral, Miami-Dade, FL, 33178
Lessor Name:	
Address:	

Lienholder Info

Lienholder 1 Name:	Upstart Network Inc.
Address:	PO BOX 1503, SAN CARLOS, San Mateo, CA, 94070
Lienholder 2 Name:	
Address:	
Lienholder 3 Name:	
Address:	

Registration Information

Application Type:	Lien Add
Registration Action:	
Registration Period:	
Plate Number:	
Expiration Date:	

Final Destination

Send to:	
Phone:	
Mailing Address:	

Fee Summary

TITLE FEE	$85.25
VITU FULL SERVICE FEE	$105.00
FL STATE VARIABLE FEES	$.00
Total	**$190.25**

Submitted By: Upstart API User
Phone: (650)863-92
Location: Upstart Network INC - PerfecTitle
Address: 220 Park Rd Ste 500, Burlingame, San Mateo, CA, 94010

Pre-Checker Name

Comments / Resolution:

For your paperwork to be processed faster, please send your transaction documents in the order they are listed on the checklist. Thank you!

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CNTY#	AGY#	SUB#	RPT#
46	2	TC33JMB	7151

AUDIT #

STATE OF FLORIDA
APPLICATION FOR VEHICLE / VESSEL
CERTIFICATE OF TITLE

L#
T# 2398114763
B# 52875799
S# 122941486

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR. MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR	WT/LENGTH	PRINCPL OPERAT	GVW/LOC
122750814	19UUB1F59GA009502	2016	ACUR	4D	MAR	3404		

DATE OF ISSUE MO. DAY YEAR	TRANS CODE	VEHICLE USE	HULL MATERIAL	PROPULSION	ENGINE DRIVE	FUEL	VESSEL TYPE	WATER	FL NUMBER	AUTH DESTRUCTION
11 04 26	LMT	PRIVATE								

Applicant/Owner's Name & Address
ANDREA VERONICA VALVERDE
11002 NW 83RD ST APT 210
DORAL, FL 33178

SEX	BIRTHDATE MO. DAY YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
F	02 08 82	X			1

1st OWNER FL/DL # OR F.E.I.D.#	2nd OWNER FL/DL # OR UNIT #
V203147293000	

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
1.75	73.00	0.00	74.75

Action Requested: LIEN MAINTENANCE
RETAINED AS ELECTRONIC TITLE

Brands:

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	12/21/2019		XX	38,687 MILES 12/21/2019 ACTUAL	☐

LIEN INFORMATION

	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	06/08/2026	11/04/2026	454660612-01	264485103

NAME OF FIRST LIENHOLDER:
UPSTART NETWORK, INC

ADDRESS
ELECTRONIC LIEN

SALVAGE TYPE

SELLER INFORMATION

NAME OF SELLER, FLORIDA DEALER, OR OTHER PREVIOUS OWNER

ADDRESS

DEALER LICENSE NO.

CONSUMER OR SALES TAX EXEMPTION #

SALES TAX AND USE REPORT

TRANSFER OF TITLE IS EXEMPT FROM FLORIDA SALES OR USE TAX FOR THE REASON(S) CHECKED

☐ **PURCHASER HOLDS VALID EXEMPTION CERTIFICATE**
☐ **VEHICLE / VESSEL WILL BE USED EXCLUSIVELY FOR RENTAL**
☐ **OTHER** DEALER

INDICATE TOTAL PURCHASE PRICE, INCLUDING ANY UNPAID BALANCE DUE SELLER, BANK OR OTHERS $

INDICATE SALES OR USE TAX DUE AS PROVIDED BY CHAPTER 212, FLORIDA STATUTES $ 0.00

☐ **SELLING PRICE VERIFIED**

APPLICANT CERTIFICATION

_____ **I/WE HEREBY CERTIFY THAT THE VEHICLE/VESSEL TO BE TITLED WILL NOT BE OPERATED UPON THE PUBLIC HIGHWAYS/WATERWAYS OF THIS STATE.**

_____ **I CERTIFY THAT THE CERTIFICATE OF TITLE IS LOST OR DESTROYED.**

_____ **I CERTIFY THAT THIS MOTOR VEHICLE/VESSEL WAS REPOSSESSED UPON DEFAULT OF THE LIEN INSTRUMENT AND IS NOW IN MY POSSESSION.**

I/WE HEREBY CERTIFY THAT I/WE LAWFULLY OWN THE ABOVE DESCRIBED VEHICLE/VESSEL, AND MAKE APPLICATION FOR TITLE. IF LIEN IS BEING RECORDED NOTICE IS HEREBY GIVEN THAT THERE IS AN EXISTING WRITTEN LIEN INSTRUMENT INVOLVING THE VEHICLE/VESSEL DESCRIBED ABOVE AND HELD BY LIENHOLDER SHOWN ABOVE. I/WE FURTHER AGREE TO DEFEND THE TITLE AGAINST ALL CLAIMS.

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

_____ Signature of Applicant/Owner

_____ Signature of Applicant/Co-Owner

HSMV 82041 REVISED 02/06 SCAN CODE MVT

I UNDERSTAND THAT MY DRIVER LICENSE AND REGISTRATIONS WILL BE SUSPENDED IMMEDIATELY IF THE INSURER DENIES THE INSURANCE INFORMATION SUBMITTED FOR THIS REGISTRATION.