vitu

Cover Sheet - FL

Process Date	Transaction Id
11/05/2026	199257474
Titling State	**Military**
FL	N



1N4AL3AP2FN885229 2015 NISSAN
Used Auto

Vehicle Info

Model: Altima
Body Type: Four Door
GVW: 5000
Fuel Type: Gas
Odometer Reading: 230000

Sale Information

Purchase Date: 10/15/2026
Sale Type: Purchase
Taxable Selling Price: 0.00
MSRP:
List Price:
Trade in Value:

Owner Info

Owner 1 Name: Lisandra Quesada Magarino
Owner 2 Name:
Registered Address: 25861 S Dixie Hwy 837, Homestead, Miami-Dade, FL, 33032
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
Total	**$85.25**

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

[redacted]
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# 2398110935
B# 52875799
S# 122941238

TITLE NUMBER	VEHICLE/VESSEL IDENTIFICATION #	YR.	MAKE	MAKE or MANUFACTURER	BODY TYPE	VEHICLE COLOR		WT/LENGTH	PRINCPL OPERAT	GVW/LOC
144813341	1N4AL3AP2FN885229	2015	NISS		4D	WHI		3115		

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	TDL	PRIVATE								

Applicant/Owner's Name & Address
LISANDRA QUESADA MAGARINO
25861 S DIXIE HWY APT 837
HOMESTEAD, FL 33032

SEX	BIRTHDATE MO. DAY YEAR	RESIDENT Y	N	ALIEN	CNTY RES.#
F	05 24 91	X			1

1st OWNER FL/DL # OR F.E.I.D.#: Q235520916840
2nd OWNER FL/DL # OR UNIT #:

VOLUNTARY CONTRIBUTIONS

AGENCY FEE	TITLE FEE	SALES TAX	GRAND TOTAL
4.75	73.00	0.00	77.75

Action Requested: DUPLICATE TITLE WITH LIEN RETAINED AS ELECTRONIC TITLE

Brands: FL-REBUILT
PA-FLOOD DAMAGE

PREV. STATE	DATE ACQUIRED	NEW	USED	ODOMETER / VESSEL MANUFACTURER	ODOMETER DECLARATION CERTIFICATION
FL	11/24/2021		XX	230,000 MILES 10/30/2026 ACTUAL	☐

LIEN INFORMATION

	DATE OF LIEN	RECEIVED DATE	FEID # OR FL / DL AND SEX AND DATE OF BIRTH	DMV ACCOUNT #
ELT	08/05/2026	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 $ 0.00

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.