

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90103 015 ***158.75

DOCUMENT # M11337

1. Entity Name
LIMOUSINES OF SOUTH FLORIDA, INC.

Principal Place of Business

**2595 NW 38 ST
 HOLLYWOOD FL 33142
 US**

Mailing Address

**2595 NW 38 ST
 HOLLYWOOD FL 33142
 US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2595 NW 38th Street
 Suite, Apt. #, etc.

3. Mailing Address

2595 NW 38th Street
 Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **59-2564092**

Applied For
 Not Applicable

Zip **33142-5254**

Country **USA**

Zip **33142-5254**

Country **USA**

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

**CAPUTO, KAREN
 5890 RODMAN STREET
 HOLLYWOOD FL 33023**

Name **Mark Levitt**
 Street Address (P.O. Box Number is Not Acceptable)
2595 NW 38th Street
 City **Miami** **FL** Zip Code **33142-5254**

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

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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	PD LEVITT, MARK 2595 NORTHWEST 38TH STREET MIAMI FL 33142-5254	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CAPUTO, KAREN 5890 RODMAN ST HOLLYWOOD FL 33023	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

April 25, 2001 305/940-5252

Date

Daytime Phone #

CR2E034 (10/00)