

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M24972

1. Entity Name

LIMOUSINE HOLDING COMPANY

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90463 020 ***150.00

Principal Place of Business Mailing Address
 6081 SW 30TH CT % PETER A. PORTLEY
~~2401 EAST ATLANTIC BOULEVARD~~ ~~2401 EAST ATLANTIC BOULEVARD~~
 FT LAUDERDALE FL 33314 POMPANO BEACH FL 33062-5200
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. 2211 East Sample Road
 Suite Suite, Apt. #, etc.
Suite

City & State City & State
 Lighthouse Point, FL

4. FEI Number 59-2623294 Applied For
 Not Applicable

City & State City & State
 Lighthouse Point, FL

Zip Country Zip Country
 33064 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

PORTLEY, PETER A.
 2401 EAST ATLANTIC BLVD.
 POMPANO BEACH FL 33062

Name Peter A. Portley
 Street Address (P.O. Box Number is Not Acceptable)
2211 East Sample Road
Suite 204
 City Lighthouse Point FL Zip Code 33064

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 Peter A. Portley Peter A. Portley 1/6/00
 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, 2000 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	<input type="checkbox"/> Delete
DP	DRAGOTTA, JOAN	1109 N. FEDERAL HIGHWAY	HOLLYWOOD FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Joan Dragotta JOAN DRAGOTTA PRES. 4-22-00 954-9852617
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)