

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 17, 2002 8:00 am
Secretary of State

09-17-2002 90103 039 ***550.00

DOCUMENT # F93000004109

1. Entity Name
CAREY LIMOUSINE FLORIDA, INC.

Principal Place of Business Mailing Address
1500 BELVEDERE ROAD 4530 WISCONSIN AVE. NW
WEST PALM BEACH FL 33408 WASHINGTON DC 22016



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1601 Belvedere Road
 Suite, Apt. #, etc. Suite, Apt. #, etc.
105S
 City & State City & State
West Palm Beach, FL

4. FEI Number **65-0429443** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

Zip **33406** Country Zip Country

6. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. **FILE NOW!!! FEE IS \$550.00**
After September 13, 2002 Fee will be \$750.00
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 WOLFINGTON, VINCENT A 4530 WISCONSIN AVENUE WASHINGTON DC 20016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KESSLER, GARY L 4532 WISCONSIN AVENUE WASHINGTON DC 20016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4530 Wisconsin Ave, NW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAEDICKE, DAVID H 4534 WISCONSIN AVENUE WASHINGTON DC 20016 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Mitchell J. Lahr 4530 Wisconsin Ave, NW Washington, DC 20016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY, DEVIN J 4541 WISCONSIN AVENUE WASHINGTON DC 20016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4530 Wisconsin Ave, NW
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARSEN, JEFFREY R 717 FIFTH AVENUE, 23RD FLOOR NEW YORK NY 10028 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NY, NY 10022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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 _____ **9/12/02** **202-895-1200**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (4/02)