

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2003 8:00 am
Secretary of State

01-13-2003 90818 009 ***158.75

02A5707 AV

DOCUMENT # **G13390**

1. Entity Name
REINALDO PADRINO LIMOUSINE SERVICE, INC.



Principal Place of Business
**3396 NW SOUTH RIVER DRIVE
MIAMI FL 33142**

Mailing Address
**4120 NW 25 ST.
MIAMI FL 33142**

2. Principal Place of Business
2355 NW 35 Avenue
Suite, Apt. #, etc.

3. Mailing Address
2355 NW 35 Avenue
Suite, Apt. #, etc.

City & State
Miami, Florida

City & State
Miami, Florida

4. FEI Number **59-2242342**

Applied For
Not Applicable

Zip **33142** Country **Dade County**

Zip **33142** Country **Dade County**

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

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**PADRINO, REYNALDO
3396 NW SOUTH RIVER DRIVE
MIAMI FL 33142**

Name **PADRINO REYNALDO**

Street Address (P.O. Box Number is Not Acceptable)
2355 NW 35 Ave

City **Miami** FL Zip Code **33142**

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 *[Signature]*
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

JANUARY 10 2003

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PS** Delete
NAME **PADRINO, REYNALDO**
STREET ADDRESS **3396 NW SOUTH RIVER DRIVE**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **PS** Change Addition
NAME **PADRINO REYNALDO**
STREET ADDRESS **2355 NW Avenue**
CITY-ST-ZIP **Miami, Florida 33142**

TITLE **VP** Delete
NAME **PADRINO, CARLOS**
STREET ADDRESS **6364 S.W. 32 STREET**
CITY-ST-ZIP **MIAMI FL 33155**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** Delete
NAME **PADRINO, REINALDO JR**
STREET ADDRESS **4511 SOUTH OCEAN BLVD. # 1**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*

REQUIRE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JANUARY 10 2003 (305) 871-6767

Date

Daytime Phone #

CR2E034 (10/02)