

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2002 8:00 am
Secretary of State

05-10-2002 90049 036 ***150.00

DOCUMENT # K03144

1. Entity Name
IMPERIAL LIMOUSINE SERVICE, INC.

Principal Place of Business

66 NE 161 STREET
MIAMI FL 33162
US

Mailing Address

66 NE 161 STREET
MIAMI FL 33162
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0015119**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BELLIDO, ANGEL
12015 N.E. 7TH AVENUE
MIAMI FL 33161

Name **MAY, ANA MARIA**

Street Address (P.O. Box Number is Not Acceptable)

66 N.E. 161 ST.

City **Miami,**

FL

Zip Code **33162**

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

ANA MARIA MAY, PRESIDENT

04/22/02

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, 2002 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☒ Delete
NAME **BELLIDO, ANGEL**
STREET ADDRESS **12015 N.E. 7TH AVENUE**
CITY-ST-ZIP **MIAMI FL**

TITLE **STM** ☒ Change ☐ Addition
NAME **MAY, ALEX**
STREET ADDRESS **66 N.E. 161 ST.**
CITY-ST-ZIP **MIAMI, FL. 33162**

TITLE **P** ☐ Delete
NAME **MAY, ANA MARIA**
STREET ADDRESS **66 NE 161 ST**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

ANA MARIA MAY, PRESIDENT

04/22/02

305-940-2577

CR2E034 (9/01)