

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
 May 07, 2000 8:00 am  
 Secretary of State  
 05-07-2000 90016 049 \*\*\*150.00

**DOCUMENT # K95764**

1. Entity Name  
**CALIENDO LIMOUSINE SALES, INC.**

Principal Place of Business <b>1580 PALM BAY RD NE PALM BAY FL 32905 US</b>	Mailing Address <b>1580 PALM BAY RD NE PALM BAY FL 32911-0652 US</b>
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<del>NEW ADDRESS</del> <del>NEW ADDRESS</del>	
2. Principal Place of Business <b>450 STAN DR</b>	3. Mailing Address <b>P.O. BOX 11065Z</b>
Suite, Apt. #., etc. <b>UNIT # 23</b>	Suite, Apt. #., etc. <b>▲</b>
City & State <b>Melbourne FL</b>	City & State <b>PAIM BAY FI</b>
Zip <b>32904</b> Country <b>BREVARD</b>	Zip <b>32911</b> Country <b>BREVARD</b>



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>59-2953499</b>	Applied For
	Not Applicable

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

**6. Name and Address of Current Registered Agent**  
 CALIENDO, RICHARD  
 1098 CAMDEN AVE. NW  
 PALM BAY FL 32907

**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.

SIGNATURE \_\_\_\_\_ (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	Delete <input type="checkbox"/>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>
<b>PST CALIENDO, DANIEL J. 1219 PATRICIA WICHITA KS 67208</b>	<input type="checkbox"/>		
<b>D CALIENDO, DANIEL J. 1219 PATRICIA WICHITA KS 67208</b>	<input type="checkbox"/>		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>VPD CALIENDO, RICHARD 1098 CAMDEN AVE. NW PALM BAY FL 32907</b>	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/>		<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]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-24-00**  
 Date

**800 366 0655**  
 Daytime Phone #

CR2E034 (9/99)