

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90162 042 \*\*\*\*50.00

**DOCUMENT # L01000012293**

1. Entity Name

**ABSOLUTE LIMOUSINES LLC**

Principal Place of Business

**4989 PELICAN STREET  
 COCONUT CREEK FL 33073**

Mailing Address

**4989 PELICAN STREET  
 COCONUT CREEK FL 33073**

2. Principal Place of Business

**3840 SW 30th Ave**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

**Ft Lauderdale, FL**

City & State

**FL**

4. FEI Number

**65-1126152**

Applied For

☐ Not Applicable

Zip

**33312**

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**HUFER, SASCHA  
 4989 PELICAN STREET  
 COCONUT CREEK FL 33073**

7. Name and Address of New Registered Agent

Name

**Hufer Sascha**

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

**3840 SW 30th Ave**

City

**Ft Lauderdale**

FL

Zip Code

**33312**

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

**Sascha Hufer**

**4/16/02**

**FILE NOW!!! FEE IS \$50.00  
 Make Check Payable to Department of State  
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
 NAME **HUFER, SASCHA**  
 STREET ADDRESS **4989 PELICAN STREET**  
 CITY-ST-ZIP **COCONUT CREEK, FL 33073**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
 NAME **Hufer Sascha**  
 STREET ADDRESS **3840 SW 30th Ave**  
 CITY-ST-ZIP **FL Lauderdale FL 33312**

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

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**4/16/02 954 2276666**

CR2E083 (9/01)