

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

AMENDED
ANNUAL
REPORT



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

96 NOV 14 PM 1:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L34443**

1. Corporation Name

BOARDWALK LIMOUSINE SERVICE, INC.

Mailing Address

Principal Place of Business

**444 Brickell Avenue
Miami, Florida 33131**

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Mailing Address, If Applicable

3. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

DO NOT WRITE IN THIS SPACE
4. Date Incorporated or Qualified
To Do Business in Florida
December 4, 1989

5. FEI Number

65-0157850

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)

Name of Officers
and/or Directors

3

Street Address of Each
Officer and/or Director
(Do NOT Use Post Office Box Numbers)

City / State / Zip

D, P,
VP, S, T

Victor Acosta

424 SW 66th Avenue

Miami, FL 33144

**800002008578--5
-11/19/96--01149--004
*****61.25 *****61.25**

*A. draw
11-14-96*

8. Name and Address of Current Registered Agent

**James H. Walker
16115 SW 117th Avenue A-25
Miami, Florida 33177**

9. Name and Address of New Registered Agent

Name

Victor Acosta

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

424 SW 66th Avenue

Suite, Apt. #, Etc.

City

Miami

State

FL

Zip Code

33144

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S.

Date **November 11, 1996**

Signature of
Registered Agent

Victor Acosta

REGISTERED AGENT MUST SIGN

11. If this corporation is a non-profit with I.R.S. 501(c)(3) tax exempt status, check this box ☐ (See other side for additional information.)

12. Does this corporation pay any intangible tax to the
Dept. of Revenue under S. 199.032, Florida Statutes. Yes ☐ No ☐ (See other side for information on intangible tax.)

13. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Victor Acosta*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

11/11/96
Date

(305)262-1921
Daytime Phone #

CR2E040 (8/94)