2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M43136



FILED Apr 18, 2003 8:00 am Secretary of State

1. Entity Nam BRITISH L	e IMOUSINE SERVICE INC.				04-18-2	2003 90181	019 ***15	50.00
Principal Place 992 N.W. 51 P FT. LAUDEROA	L	Mailing Address 992 N.W. 51 PL FT. LAUDERDALE FL 33309	•					
	the appropriate to the second	3. Mailing Address						
	lace of Business N.W. 53 STREET	3 STREET	-	• .	W ADI		S	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	_		CHECK H			
City & State	sudevole Fe.	City & State	redall, i	€ 4. F	El Number 65-0001	159		pplied For lot Applicable
333	09 BROWARD	^{Zip} 33309	Country PO WA	LRD 5. C	Certificate of Status Desi	red 🔲	\$8.75 Ac Fee Requir	
	6. Name and Address of Current F	Registered Agent		7. N	lame and Address of N	ew Registered	Agent	
			Name	ALLBE	= CARLOS :	ALBOR	10	
·	CARLOS ALBERTO		Street Ac	dress (P.O.,B	ox Number is Not Accep	table)		
992 NW 51			100	OU WI	W. 43 STA	EEL		
FT. LAUDE	ERDALE FL 33309							
		•	Cillo	et Ima	rdoodsolo	F	L 깔양	309
8. The above	named entity submits this statement for	the purpose of changing its i	registered office or	registered age	ent or both in the State	of Elorida II an	a familiar with	and accept
the obligati	ions of registered agent.		Ü		ora, or born, in the orais	oi Fiorica. Fan	i iai illiai wili)	, and dodopt
SIGNATURE			: Registered Agent signatur	····		DATE	Traililliai Willi	
SIGNATURE -	ions of registered agent.	nd title if applicable. (NOTE:		····		DATE gn Financing	\$5.0	OO May Be
SIGNATURE -	Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00	nd title if applicable. (NOTE:		re required when re	instating) 9. Election Campaig	DATE gn Financing bution.	\$5.\ \[\tag{Adde}	00 May Be
SIGNATURE - FI After Make Check 10.	Signature, typed or printed name of registered agent at ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 to Payable to Florida Department of OFFICERS AND IDP	nd title if applicable. (NOTE:	. Registered Agent signatur	re required when re	instating) 9. Election Campaig Trust Fund Contri	DATE gn Financing bution.	\$5.\ \[\tag{Adde}	00 May Be
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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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition