

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90278 021 ****61.25

DOCUMENT # N30805 ✓

1. Corporation Name

FLORIDA LIMOUSINE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

21 5408 NE 1ST TERRACE

Suite, Apt. #, etc.

22 City & State

23 FORT LAUDERDALE, FL

Zip Country

24 33334-1634 25 USA

2a. Mailing Address

26 P.O. Box 22801

Suite, Apt. #, etc.

27 City & State

28 FORT LAUDERDALE, FL

Zip Country

29 33335-2801 30 USA

3. Date Incorporated or Qualified

02/21/1989

4. FEI Number

65-0063412

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ROSS MARINARO
5408 NE 1ST TERRACE
FT. LAUDERDALE, FL 33334-1634

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Ross Marinaro PRESIDENT/DIRECTOR ROSS MARINARO 4-20-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME D LORRAINE CELESTINO
STREET ADDRESS 3905 NW 75 TERR
CITY-ST-ZIP LAUDERDALE, FL

TITLE ☐ DELETE
NAME D MARK LEVITT
STREET ADDRESS 4300 NW 14 ST
CITY-ST-ZIP MIAMI, FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P/D ☒ Change ☐ Addition
1.2 NAME ROSS MARINARO
1.3 STREET ADDRESS 5408 NE 1ST TERRACE
1.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33334-1634

2.1 TITLE V/D ☐ Change ☒ Addition
2.2 NAME OWEN L. WYMAN
2.3 STREET ADDRESS 3818 SIMMS STREET
2.4 CITY-ST-ZIP HOLLYWOOD, FL 33021

3.1 TITLE S/D ☒ Change ☐ Addition
3.2 NAME MOSES LITMANOWICZ
3.3 STREET ADDRESS 931 NE 4 AVE
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

4.1 TITLE T/D ☐ Change ☒ Addition
4.2 NAME ROBERT DI SANTI
4.3 STREET ADDRESS 3935 NW 38 TERR
4.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33308

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME LORRAINE CELESTINO
5.3 STREET ADDRESS 3700 OAKRIDGE LANE
5.4 CITY-ST-ZIP WESTON, FL 33331

6.1 TITLE D ☒ Change ☐ Addition
6.2 NAME MARK LEVITT
6.3 STREET ADDRESS 2595 NW 38TH STREET
6.4 CITY-ST-ZIP MIAMI, FL 33142

14. 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Ross Marinaro P/D ROSS MARINARO 4-20-99 (954) 561-1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)

539703-902782

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13		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
7.1	TITLE	D	☒ CHANGE ADDITION
7.2	NAME	CARLOS OTALVARO	
7.3	STREET ADDRESS	7252 SW 42ND TERR	
7.4	CITY-ST-ZIP	MIAMI, FL 33155	
8.1	TITLE	D	CHANGE ☒ ADDITION
8.2	NAME	ROBERT HAMMAN	
8.3	STREET ADDRESS	1500 BELVEDERE RD	
8.4	CITY-ST-ZIP	WEST PALM BEACH, FL 33406	
9.1	TITLE	D	☒ CHANGE ADDITION
9.2	NAME	ROBERT BORRADA	
9.3	STREET ADDRESS	4740 NW 15 AVE	
9.4	CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	