2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2001 08:00 AM
Secretary of State

DOCUMENT # **N30805**

1. Entity Name
FLORIDA LIMOUSINE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5408 NE 1ST TERRACE.	P.O. BOX 22801
FORT LAUDERDALE FL	FT. LAUDERDALE FL
333341634 US	333352801 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0063412** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARINARO ROSS
5408 NE 1ST TERR

FT LAUDERDALE FL
33334 US

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 _____ **05/01/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VPD	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	OWEN WYMAN			NAME	OWEN WYMAN		
STREET ADDRESS	3818 SIMMS ST			STREET ADDRESS	3818 SIMMS ST		
CITY-ST-ZIP	HOLLYWOOD FL 33021			CITY-ST-ZIP	HOLLYWOOD FL 33021		
TITLE	PD	☐ Delete		TITLE	PD	☒ Change	☐ Addition
NAME	MARINARO ROSS			NAME	MARINARO ROSS		
STREET ADDRESS	5408 NE 1ST TERR			STREET ADDRESS	5408 NE 1ST TERR		
CITY-ST-ZIP	FT LAUDERDALE FL 333347634			CITY-ST-ZIP	FT LAUDERDALE FL 333341634		
TITLE	D	☐ Delete		TITLE	D	☒ Change	☐ Addition
NAME	LEVITT MARK			NAME	LEVITT MARK		
STREET ADDRESS	4300 NW 14 ST.			STREET ADDRESS	4300 NW 14 ST.		
CITY-ST-ZIP	MIAMI FL			CITY-ST-ZIP	MIAMI FL 33124		
TITLE	SD	☐ Delete		TITLE	V/D	☒ Change	☐ Addition
NAME	LITMANIWOCK MOSES			NAME	BORODAY CARLA		
STREET ADDRESS	931 NE 4 AVE.			STREET ADDRESS	10097 CLEARY BLVD		
CITY-ST-ZIP	FORT LAUDERDALE FL 33308			CITY-ST-ZIP	FORT LAUDERDALE FL 33324		
TITLE	DS	☐ Delete		TITLE	S/D	☒ Change	☐ Addition
NAME	DE SANTI ROBERT			NAME	LENHARD JOHN S		
STREET ADDRESS	17742 NW 5TH STREET			STREET ADDRESS	3003 TERRAMAR ST		
CITY-ST-ZIP	PLANTATION FL 33318			CITY-ST-ZIP	FT. LAUDERDALE FL 33304		
TITLE	D	☐ Delete		TITLE	T/D	☒ Change	☐ Addition
NAME	CELESTINO, LORRAINE			NAME	CELESTINO, LORRAINE		
STREET ADDRESS	3700 OAKRIDGE LANE			STREET ADDRESS	3700 OAKRIDGE LANE		
CITY-ST-ZIP	FORT LAUDERDALE FL 33331			CITY-ST-ZIP	FORT LAUDERDALE FL 33331		

CR2E037 (11/00)

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 617, 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.

SIGNATURE: Ross Marinaro P/D 05/01/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #