

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000010292

1. Entity Name
AFFORDABLE LIMOUSINE SOLUTIONS, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90159 017 ***150.00

Principal Place of Business
1600 LINKSIDE DRIVE
ATLANTIC BEACH FL 32233

Mailing Address
1600 LINKSIDE DRIVE
ATLANTIC BEACH FL 32233

2. Principal Place of Business

3. Mailing Address
Atlantic Beach, FL
PO Box 330122 32233-0122

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
FLORIDA FL

Zip

Country

Zip
32233-0122

Country

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

59 3621385

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name
Louie Velez

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

1600 Linkside Dr.

City
Atlantic Beach

FL

Zip Code

32233

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

Louie Velez

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/9/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
VELEZ, BEATRICE
1600 LINKSIDE DRIVE
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SVD
VELEZ, LUIS R
1600 LINKSIDE DRIVE
ATLANTIC BEACH FL 32233 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

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CITY-ST-ZIP
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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CITY-ST-ZIP
☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Louie Velez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/9/01 904 610 2321

CR2E034 (10/00)

0019639