

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 26, 2001 8:00 am
Secretary of State

03-26-2001 90146 036 ***150.00

DOCUMENT # P00000037597

1. Entity Name

A-ROOTIE'S LIMOUSINE SERVICE, INC.

Principal Place of Business

960 ARTHUR GODFREY ROAD STE #116
MIAMI BEACH FL 33140-3326

Mailing Address

960 ARTHUR GODFREY ROAD STE #116
MIAMI BEACH FL 33140-3326

2. Principal Place of Business

6588 N. STATE ROAD 7

Suite, Apt. #, etc.

3. Mailing Address

6588 N. STATE ROAD 7

Suite, Apt. #, etc.

City & State

COCONUT CREEK, FL

City & State

COCONUT CREEK, FL

4. FEI Number

65-0996734

Applied For

Not Applicable

Zip

33073

USA

Zip

33073

Country

USA

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MILLER, ELLIOT L

960 ARTHUR GODFREY ROAD STE #116
MIAMI BEACH FL 33140-3326

7. Name and Address of New Registered Agent

Name MARTIN R. STEIN

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

6588 N. STATE ROAD 7

City COCONUT CREEK

FL

Zip 33073

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

Martin R. Stein, PRES

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/01

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	D	<input type="checkbox"/> Delete
NAME	STEIN, MARTIN	
STREET ADDRESS	960 ARTHUR GODFREY ROAD STE #116	
CITY-ST-ZIP	MIAMI BEACH FL 33140-3326	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D, P, S, T	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEIN, MARTIN R.	
STREET ADDRESS	6588 N. STATE ROAD 7	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THON, RUSSELL	
STREET ADDRESS	6588 N. STATE ROAD 7	
CITY-ST-ZIP	COCONUT CREEK, FL 33073	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 persons empowered.

SIGNATURE:

Martin R. Stein, PRES MARTIN R. STEIN 3/22/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9547475466

CR2E034 (10/00)