

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000064557**

1. Entity Name

**A1A LIMOUSINES, INC.****FILED****01 SEP 28 PM 4:01**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business

**3236 NW 88TH AVENUE  
SUNRISE FL 33351**

Mailing Address

**3236 NW 88TH AVENUE  
SUNRISE FL 33351**

2. Principal Place of Business

**2313 S. CYPRESS BEND DR.**

3. Mailing Address

**2313 S. CYPRESS BEND DR.**

Suite, Apt. #, etc.

**125**

Suite, Apt. #, etc.

**125**

City &amp; State

**POMPANO BEACH, FL**

City &amp; State

**POMPANO BEACH**

4. FEL Number

**65-1053499**

Applied For

Not Applicable

Zip

**33069**

Country

**USA**

Zip

**33069**

Country

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

6. Name and Address of Current Registered Agent

**GREENBERG, JOEL E ESQ.  
FOUNTAINS OF PLANTATION BUSINESS PARK  
1242 N. UNIVERSITY DRIVE  
PLANTATION FL 33322**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so: ☐**FILE NOW!!! FEE IS \$550.00****After September 12, 2001 Fee will be \$750.00  
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	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SATTA, NICOLA JR.</b>	
STREET ADDRESS	<b>3236 NW 88TH AVENUE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SATTA, NICOLA SR.</b>	
STREET ADDRESS	<b>3236 NW 88TH AVENUE</b>	
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Delete
NAME		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SATTA, NICOLA JR.</b>	
STREET ADDRESS	<b>2313 S. CYPRESS BEND DR. #125</b>	
CITY-ST-ZIP	<b>POMPANO BEACH FL 33069</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
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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 like empowered.

SIGNATURE:

**NICOLA SATTA JR. PRESIDENT****08/22/01****(954) 741-8548**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)