

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2002 8:00 am
Secretary of State

07-18-2002 90124 050 ***150.00

DOCUMENT # P00000085821 ✓
1. Entity Name
BIG DOGS LIMOUSINE SERVICE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6920 Scott Street		3. Mailing Address SAME	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Hollywood, Florida		City & State	
Zip 33024	Country USA	Zip	Country

4. FEI Number 65-1040993	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name James W. Waldman, P.A.	
	Street Address (P.O. Box Number is Not Acceptable) 2751 W. Atlantic Blvd., Suite 4	
	City Pompano Beach	Zip 33069

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 James W. Waldman
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reelecting) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<u>D, C, E</u> JOSE LOPEZ 6920 Scott Street Hollywood, FL 33024	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President, Secretary & Treasurer
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **5-15-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)