

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P00000086623**

1. Entity Name

**NIGHT & DAY LIMOUSINE INC.****FILED****Apr 18, 2001 8:00 am**  
**Secretary of State**

04-18-2001 90025 033 \*\*\*150.00

Principal Place of Business

Mailing Address

**1484 NE 57 PLACE**  
**FT LAUDERDALE FL 33334****1484 NE 57 PLACE**  
**FT LAUDERDALE FL 33334**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For☐ Not Applicable5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DE METZ, PASCAL**  
**1484 NE 57 PLACE**  
**FT LAUDERDALE FL 33334**

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.  
(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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **DE METZ, PASCAL**  
CITY-ST-ZIP **1484 NE 57 PLACE**  
**FT LAUDERDALE FL 33334**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

DOCUMENT  
#86623

5/8/17

**MEYERS & MEYERS**

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PLEASE REPLY TO:  
☒ ALBANY  
☐ WARRENSBURG  
☐ CHESTERTOWN

April 6, 2001

Division of Corporations  
Uniform Business Report Filings  
P.O. Box 1500  
Tallahassee, Florida 32302-1500

Re: **Night & Day Limousine Inc.**  
**2001 Uniform Business Report (UBR)**  
**Document No. P00000086623**

Ladies and Gentlemen:

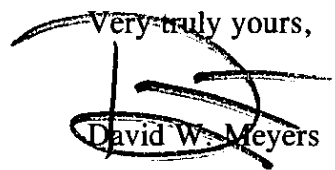
I am contacting you regarding the above-captioned matter and further to the requirement that my client file the enclosed "2001 Uniform Business Report (UBR)" pursuant to Florida Statutes, section 607 et seq. Also enclosed is our attorney check payable to the Florida Department of State in the amount of \$150.00 to cover your fees in this matter.

Please be advised that I will notify you with a supplementary filing of the federal employer identification number once it is obtained.

In the meantime, I would appreciate your prompt action on this filing as well as your timely confirmation of receipt of the same.

If I can answer any questions, please contact me at your convenience.

Very truly yours,



David W. Meyers

DWM/l

Enclosure

cc: Paul Dion (w/o enclosures)