

2001-UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090046

1. Entity Name

ADVANCED LIMO SERVICE, INC.

Principal Place of Business

8637 SW 14TH ST.
PEMBROKE PINES FL 33025

Mailing Address

8637 SW 14TH ST.
PEMBROKE PINES FL 33025

2. Principal Place of Business

8637 SW 14TH ST.

3. Mailing Address

Suite, Apt. #, etc.

City & State

PEMBROKE PINES, FL.

City & State

Zip

Country

33025

U.S.A.

Country

4. FEI Number

65-1072631

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STUTZ, LEONARDO A.
8637 SW 14TH ST.
PEMBROKE PINES FL 33025

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.
(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
P
LEONARDO A. STUTZ
8637 SW 14TH ST.
P. PINES, FL. 33025

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GABRIELA V. PEPE
8637 SW 14TH ST.
P. PINES, FL. 33025

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
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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)(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

LEONARDO A. STUTZ

Date

Daytime Phone #

4/24/01 (954) 431-4040

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90212 048 ***150.00

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DO NOT WRITE IN THIS SPACE

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CR2E034 (10/00)