2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000090991

1. Entity Name
U.S. EMBASSY LIMOUSINE, INC.

Principal Place of Business
3000 NE 16 AVE. SUITE D-408
OAKLAND PARK FL 33334

Mailing Address
3000 NE 16 AVE. SUITE D-408
OAKLAND PARK FL 33334

FILED
01 OCT -8 PM 12:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

102

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1066004 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
GANACHIA, KOBA
5519 N. MILITARY TRAIL, #1014
BOCA RATON FL 33496

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 $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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GANACHIA, KOBA 5519 N. MILITARY TRAIL, #1014 BOCA RATON FL 33496 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/01)

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

000004641970--1
-10/18/01--01060--011
****150.00 ****150.00

Attachment.

Doc. # P00000090991 2002
A00082281

Att: Florida Department of State Division of Corporations

Fr: US Embassy Limousine, INC

doc # P00000090991.

principal place of business & Mailing Address / SAME

3000 NE 16th Avenue
Suite 408

Oakland Park, FL 33334

I Never received First Uniform Business Report for 2001 year.
Please take under consideration. With Best Wishes
President Mr Hoba Garachia.