

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2001 8:00 am
Secretary of State

05-05-2001 90268 001 ***150.00
 05-05-2001 90268 002 *****8.75

DOCUMENT # P00000091970

1. Entity Name

A.A. TAXI LIMO, INC.

Principal Place of Business

**640 RIVER DRIVE
 SEBRING FL 33875**

Mailing Address

**640 RIVER DRIVE
 SEBRING FL 33875**

2. Principal Place of Business

**Make Place - Se Brm 6 - Avon
 640 River Dr. PARK.**

3. Mailing Address

Suite, Apt. #, etc.

City & State

HIGHLANDS county x

City & State

Sebring

Zip

33875

Country

Zip

33875

Country

HIGHLANDS Co.



**Lic.occ - 643000 - 000 3469 -
 P000000 91970 -**

4. FEI Number

125-593672976 -

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**SALGUERO, VICTOR
 640 RIVER DRIVE
 SEBRING FL 33875**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

7. Name and Address of New Registered Agent

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

**A.A. TAXI LIMO INC
 2090002232088**

April 24-01

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 ☐ Delete
 NAME **D**
 STREET ADDRESS **SALGUERO, VICTOR**
 CITY-ST-ZIP **640 RIVER DRIVE
 SEBRING FL 33875**

TITLE ☐ Delete
 NAME **D**
 STREET ADDRESS **SALGUERO, CARMEN**
 CITY-ST-ZIP **640 RIVER DRIVE
 SEBRING FL 33875**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

TITLE ☐ Change ☐ Addition
 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 30 - 01

Date

Daytime Phone #

CR2E034 (10/00)