?

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

DOCUMENT # P01000111306

1. Entity Name

PREMIER COACH LINES, INC.



FILED Jan 22, 2003 8:00 am Secretary of State

01-22-2003 90143 046 ***150.00

						OF WE I	_]					
	ce of Busines DE LEON BLVI			Mailing Address 999 PONCE DE LEON BLVD.								
STE 715			STE 715									
CORAL GABL	ES FL 33134			CORAL GABLES FL 33134					1 8 8 1 1 1 8 8 1 1 1 1 8 8 1 (1)			
_												
2. Principal	Place of Busin	ness	3. Mailin	3. Mailing Address					UKIR[UU U 1881 1	###	BEILD BAIF AD BE	
Suite, Apt	#, etc.	·	Suite,	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES				
City & Sta	te		City & State				4. FEI Number 65-1154538 Applied For Not Applicable					
Zip Country			Zip	Zip Co			5. Certificate of Status Desired			\$8.75 Additional Fee Required		
	6. Name	and Address of Currer	nt Registered	Agent			7. Nar	me and Address of Nev	w Registered A	gent		
PADIAL,	IUGE I	ليما ين الاح ت س ا	<u>C 46 7 C</u>	المانية مراجد	Na	ame	1212 122 123 123 123 123 123 123 123 123	enter de l'emp (l'emp d'inne de l'emp d'inne d I		,		
-	CE DE LEOI	N BLVD.		Street Addre			ss (P.O. Box Number is Not Acceptable)					
STE 715								· · ·			-	
CORAL GABLES FL 33134						City FL Zip Code						
8. The above the obliga	e named entity tions of regist	y submits this statement ered agent.	for the purpos	e of changing its r	registered off	ice or registe	ered agent	t, or both, in the State of	Florida. I am fa	miliar with,	and accept	
SIGNATURE		or printed name of registered age	nt and title if applica	ble. (NOTE:	: Registered Agen	t signature require	ed when reinsta	lating)	DATE			
			. 1			· · · · · ·						
FILE NOW!!! FEE IS \$150.00							Ĭ	9. Election Campaign	Financing	\$5.0	0 May Be	
After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State								Trust Fund Contribu		Added	I to Fees	
10.		OFFICERS AN	D DIRECTORS	, ,,, ,	11.		ADDI	TIONS/CHANGES TO C	DEFICERS AND	DIRECTORS	S IN 11	
TITLE	D			☐ Delete	TITLE			7,01,07,01,7,11,02,01,00		Change	Addition	
NAME	SILVA, JO	AO B		□ Detete	NAME					onlings		
STREET ADDRESS	COO DONOT DE LEON DIVIDI OTE TAS				STREET ADD	RESS					ſ	
CITY-ST-ZIP	CORAL GA	NBLES FL 33134			CITY-ST-ZI	p						
TITLE		.	******	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME				C.2 1501010	NAME					onango		
STREET ADDRESS					STREET ADD	RESS						
CITY-ST-ZIP					CITY-ST-ZI	,						
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	2 e c - 2-2-2		·		NAME	~~ :		مستحين ومهير يرسد		ondings		
STREET ADDRESS					STREET ADD	RESS						
CITY-ST-ZIP					CITY-ST-ZI	,						
TITLE				☐ Delete	TITLE			· <u>-</u> ·		Change	Addition	
NAME					NAME					_ `	_	
STREET ADDRESS					STREET ADD	RESS						
CITY-ST-ZIP					CITY-ST-ZIF	,					\	
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME	[NAME					. •		
STREET ADDRESS					STREET ADD	RESS					1	
CITY-ST-ZIP					CITY-ST-ZIF	·					{	
TITLE				☐ Delete	TITLE					☐ Change	☐ Addition	
NAME					NAME					-		
STREET ADDRESS					STREET ADD	RESS					- 1	

12. 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 10 on Block 11 if changed, or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-6-03

Daytime Phone #

8010

CR2E034 (10/02)