

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

3/3/

FILED
Mar 17, 2003 8:00 am
Secretary of State

03-03-2003 90849 022 ***150.00

DOCUMENT # P02000026038

1. Entity Name

A & G LIMOUSINE, INC.



Principal Place of Business

**340 LAKEVIEW DR #103
FT LAUDERDALE FL 33326**

Mailing Address

**340 LAKEVIEW DR #103
FT LAUDERDALE FL 33326**

2. Principal Place of Business

4685 Hawthill Rd.

3. Mailing Address

4685 Hawthill Rd.

Suite, Apt. #, etc.

A4

Suite, Apt. #, etc.

A4

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

Zip

33417

Country

USA

Zip

33417

Country

USA

4. FEI Number

04-3622744

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

SILVESTRI, ADOLPH JR.

340 LAKEVIEW DR #103

FT LAUDERDALE FL 33326

4685 Hawthill Rd.

A4

WEST PALM BEACH FLORIDA

33417

7. Name and Address of New Registered Agent

Name

SAME

Street Address (P.O. Box Number, if Acceptable)

4685 Hawthill Rd. A4

City

West Palm Beach

FL

Zip Code
33417

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **PRES** ☐ Delete
NAME **ADOLPH SILVESTRI JR.** **A4**
STREET ADDRESS **4685 Hawthill Rd.**
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
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CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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
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STREET ADDRESS
CITY-ST-ZIP

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 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE:

ADOLPH SILVESTRI JR.

2-26-03

561-686-1820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)