FILED
Jun 09, 2003 8:00 am
Secretary of State
05-02-2003 90387 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000069144

1. Entity Name
A1A LIMOUSINES AND TOURS, INC.

44003702

[redacted]

Principal Place of Business	Mailing Address
1025 NE 79 ST MIAMI FL 33138	20191 E COUNTRY CLUB DR. #404 AVENTURA FL 33180

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address	
285 NE 185 Street		P. O. Box 630494	
Suite, Apt. #, etc.: Bay 8 & 9		Suite, Apt. #, etc.:	
City & State: N. Miami Bch. FL		City & State: Miami, FL	
Zip: 33179	Country: USA	Zip: 33163	Country: USA

4. FEI Number: 04-3695307 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SPIEGEL & UTRERA, P.A. 1840 SW 22 ST, 4 FLR MIAMI FL 33145	Name: Vincent Cash Street Address (P.O. Box Number is Not Acceptable): 285 NE 185 Street Bay 8 & 9 City: North Miami Beach, FL Zip Code: 33179

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] 5/31/03
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PST	☐ Delete	TITLE	PST	☒ Change ☐ Addition
NAME	CASH, VINCENT		NAME	Cash, Vincent	
STREET ADDRESS	1025 NE 79 ST		STREET ADDRESS	285 NE 185 Street	
CITY-ST-ZIP	MIAMI FL 33138		CITY-ST-ZIP	North MIami Beach, FL 33179	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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 all other like empowered.

SIGNATURE: SIGNATURE REQ President 04/28/03 305-651-6192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #