

**FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P02000116484*

1. Entity Name

ARMORDED LIMOUSINE + PROTECTION INC.



FILED

03 MAY -2 AM 9:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

13045 EMERALD DRIVE

3. Mailing Address

P.O. BOX 695455

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

City & State

N. MIAMI FLA

MIAMI FLA

Zip

Country

Zip

Country

33181

USA

33269

USA

4. FEI Number

300132073

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

SCOTT H COHEN

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

13045 EMERALD DRIVE

City

N. MIAMI

FL

Zip Code

33181

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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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.*
NAME *SCOTT H COHEN*
STREET ADDRESS *13045 EMERALD DRIVE # 3*
CITY-ST-ZIP *N. MIAMI FLA, 33181*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100017870911
*05/02/03--01032--016 **150.00*

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/03 *305.528.2855*
Date Daytime Phone #

CR2E034B (12/02)