

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

05-01-2003 90997 001 \*\*\*155.00

690000  
AT

**DOCUMENT-#** P02000127767

1. Entity Name  
**EXCLUSIVE LIMOUSINE, INC.**



Principal Place of Business  
**290 NE 169 STREET  
NORTH MIAMI BEACH FL 33162**

Mailing Address  
**290 NE 169 STREET  
NORTH MIAMI BEACH FL 33162**



2. Principal Place of Business  
**290 NE 169 ST**  
Suite, Apt. #, etc.

3. Mailing Address  
**290 NE 169 ST**  
Suite, Apt. #, etc.

☐ CHECK HERE IF MAKING CHANGES

City & State  
**NMB**

City & State  
**FLA NMB**

4. FEI Number ☒ Applied For  
Not Applicable

Zip  
**33162** Country  
**DADE**

Zip  
**33162** Country  
**DADE**

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

**6. Name and Address of Current Registered Agent**

**ARAUZ, JULIO  
290 NE 169 STREET  
NORTH MIAMI BEACH FL 33162**

**7. Name and Address of New Registered Agent**

Name **JULIO ARAUZ**  
Street Address (P.O. Box Number is Not Acceptable)  
**290 NE 169 ST**  
City **NMB** FL Zip Code **33162**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**APRIL 29-2003**

**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 ☒ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ARAUZ, JULIO 290 NE 169 STREET NORTH MIAMI BEACH FL 33162</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-29-03**

Date

Daytime Phone #

CR2E034 (10/02)