

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

ATX1

<b>DOCUMENT #</b> <u>80700099/96</u>	
<b>1. Entity Name</b>	
YOUR PRIVATE LIMOUSINE SERVICES, INC.	

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

09 APR 28 AM 8:19

**DO NOT WRITE IN THIS SPACE**

<b>2. Principal Place of Business</b> 1040 S.W. 73RD COURT		<b>3. Mailing Address</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b>	
<b>Zip</b> 33144	<b>Country</b>	<b>Zip</b>	<b>Country</b>

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>4. FEI Number</b> 72-1617019			<b>Applied For</b> <input type="checkbox"/> Not Applicable
	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>			\$8.75 Additional Fee Required
	<b>7. Name and Address of Current Registered Agent</b>			
	Name BARBARA FOUST			
	Street Address (P.O. Box Number is Not Acceptable) 3401 N.W. 202ND STREET			
			City MIAMI GARDENS	FL
			Zip Code 33056	

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

<b>10. OFFICERS AND DIRECTORS</b>		<b>11.</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT JESUS ARCIA 1040 S.W. 73RD COURT MIAMI, FLORIDA 33144	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200153353812 04/28/09-01046-021 **150.00
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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: Jesus Arcia JESUS ARCIA - PRESIDENT

4/22/2009

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #