

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

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90501 044 \*\*\*150.00

DOCUMENT # P92000012113

1. Entity Name

AVENTURA LIMOUSINE + TRANSPORTATION SERVICE, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

20201 NE. 15 COURT

Suite, Apt. #, etc.

3. Mailing Address

20201 NE 15 COURT

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

NORTH MIAMI FL

City & State

NORTH MIAMI FL

4. FEI Number

65-0376225

Applied For

Not Applicable

Zip

Country

33179

Zip

Country

33179

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

NEIL GOODMAN

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

20201 NE. 15 COURT

City

NORTH MIAMI

FL

Zip Code  
33179

**DO NOT WRITE  
IN THIS SPACE**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
GOODMAN, NEIL M.  
3501 MAGELLAN CIRCLE #631  
AVENTURA FL 33180

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
CAMPANILE, MICHAEL J.  
13290 KEYSTONE TERR  
MIAMI FL 33161

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NEIL GOODMAN

4-30-02

Date

(305) 770-5466

Daytime Phone #

CR2E034B (12/01)