## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

## **DOCUMENT #**

P93000014186

1. Entity Name

AUTO SHUTTLE SERVICE, INC.



**FILED** Feb 27, 2003 8:00 am Secretary of State

02-27-2003 90171 024 \*\*\*150.00

				GOO WE TE			
Principal Place of Business 2100 NW 21ST AVE FT LAUDERDALE FL 33311 US		Mailing Address 2100 NW 21ST AVE FT LAUDERDALE FL 33311 US			 		1 <b>8</b> 11 <b>8 1</b> 1111 1 <b>18</b> 11
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKIN	IG CHANGES	
City & State		City & State		4. FEI Number 65-0388604 Applied For Not Applicable			
Zìp	Country Zip Cou		Count	гу	5. Certificate of Status Desired	\$8.75 Add	ditional
	6. Name and Address of Curre	nt Registered Agent			7. Name and Address of New Registered	<u> </u>	
				Name			
FINKELS1	TEIN, FREDDIE						
	21ST AVE		Street Addres		(P.O. Box Number is Not Acceptable)		
FT LAUDERDALE FL 33311							
	# ( )   ( )			City	F		
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.							
, which is a second was the second w							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
	ILE NOW!!! FEE IS \$150.00				S Floation Committee Floation		_
Afte	May 1, 2003 Fee will be \$550.00	)			Election Campaign Financing     Trust Fund Contribution.		May Be I to Fees
Make Chec	. Payable to Florida Department	of State			rost raila contribution.	- Auueu	I to rees
10	OFFICERS AN	D DIRECTORS	11.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS	3 IN 11
	PSTD	Delei	e TITLE		-	☐ Change	☐ Addition
NAME	FINKELSTEIN, FREDDIE		NAME				
STREET ADDRESS CITY-ST-ZIP	2100 NW 21ST AVE			ADDRESS			}
	FT LAUDERDALE FL 33311	<del></del>	CITY-S	ST-ZIP	****		
TITLE	•	☐ Delet				Change	☐ Addition
NAME STREET ADDRESS			NAME				1
CITY-ST-ZIP			STREET CITY-S	ADDRESS			
TITLE			·	11-2)F			
NAME		☐ Delet	e TITLE Name			Change	☐ Addition
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP			CITY-S	į.			
TITLE		☐ Deleti			F10 b		- Addition
NAME		□ Detell	NAME			☐ Change	☐ Addition
STREET ADDRESS				ADDRESS	•		
CITY-ST-ZIP			CITY-S	T-ZIP			
TITLE		☐ Delete	) TITLE			☐ Change	Addition
NAME			NAME				
STREET ADDRESS			STREET	ADDRESS			Ì
CITY-ST-ZIP			CITY-S1	T-ZIP			
TITLE		☐ Delete	TITLE		***	☐ Change	Addition
NAME OZDEEZ ADOGEGO			NAME	[			
STREET ADDRESS			STREET	ADDRESS			i

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.

CITY-ST-ZIP

ille to SIGNATURE: YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR