

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000037177

1. Entity Name

A.B.C. LIMOUSINE, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90104 046 ***150.00

Principal Place of Business

Mailing Address

1587 SPRINGSIDE DRIVE
WESTON FL 33326

1587 SPRINGSIDE DRIVE
WESTON FL 33326-2746
US

2. Principal Place of Business

1587 Springside Drive

3. Mailing Address

1587 Springside Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Weston, FL

City & State

Weston, FL

4. FEI Number

65-0420860

Applied For

Not Applicable

Zip

33326

Country

U.S.A

Zip

33326

Country

U.S.A

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ALBA, CARLOS S

4208 INVERRARY BLVD #80-B
LAUDERHILL FL 33319

1587 Springside Dr
Weston, FL 33326

Name

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

City

FL

Zip Code

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) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DPVS
ALBA, CARLO S
4212 INVERRARY BLVD 85B
LAUDERHILL FL 33319

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCV
KARL A JONES
1587 Springside Drive
Weston, FL 33326

☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VPCV
JESSEL FLOP
9028 NW 55ND CT
TAMPA FL 33621

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Carlo S. ALBA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/12/00
Date

954 217-8885
Daytime Phone #

CR2E034 (9/99)