

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

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

05-27-2002 90501 043 ***150.00

DOCUMENT # P940000 42617

1. Entity Name

AVENTURA LIMO 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

65-0502043

Applied For

Not Applicable

Zip

Country

33129

Zip

Country

33129

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

33129

**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	PD
NAME	GOODMAN, NEIL
STREET ADDRESS	3501 MAGELLAN CIRCLE #621
CITY-ST-ZIP	AVENTURA FL 33180
TITLE	D
NAME	CAMPANILE, MICHAEL J.
STREET ADDRESS	13290 KEYSTONE TERR.
CITY-ST-ZIP	MIAMI FL 33161
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

CR2E034B (12/01)

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 #