

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 05, 2001 8:00 am
Secretary of State
02-05-2001 90099 013 ***158.75

DOCUMENT # P94000081795

1. Entity Name

ANOTHER DRIVING SCHOOL, INC.

Principal Place of Business

**17100 COLLINS AVE
#118-A
SUNNY ISLES BEACH FL 33160**

Mailing Address

**7098 BONITA DRIVE
MIAMI BEACH FL 33141**

2. Principal Place of Business

161 SUNNY ISLES BLVD

Suite, Apt. #, etc.

SUITE # A

3. Mailing Address

7098 BONITA DRIVE

Suite, Apt. #, etc.

City & State

SUNNY ISLES BEACH, FL

Zip

33160

Country

US

City & State

MIAMI BEACH, FL

Zip

33141

Country

US

4. FEI Number

65-0548532

Applied For

Not Applicable

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

**ZULUAGA, ANDRES
7098 BONITA DR.
MIAMI BEACH FL 33141**

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, 2001 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 **D** ☐ Delete
NAME **ZULUAGA, ANDRES**
STREET ADDRESS **17100 COLLINS AVE., #118-A**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **PATRICIA ARBOLEDA**
STREET ADDRESS **8101 BYRON AVENUE, # 211**
CITY-ST-ZIP **MIAMI BEACH, FLORIDA 33141**

TITLE **D** ☒ Delete
NAME **ZULUAGA, PATTY**
STREET ADDRESS **17100 COLLINS AVE., #118-A**
CITY-ST-ZIP **SUNNY ISLES BEACH FL 33160**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Patricia Arboleda
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(President)

02-02-01

(305) 940-0067

Date

Daytime Phone #

CR2E034 (10/00)