

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 23, 2002 8:00 am
Secretary of State

01-23-2002 90103 047 ***158.75

DOCUMENT # P94000081795

1. Entity Name
ANOTHER DRIVING SCHOOL, INC.

Principal Place of Business
**161 SUNNY ISLES BLVD
SUITE #A
SUNNY ISLES BEACH FL 33160**

Mailing Address
**7098 BONITA DRIVE
MIAMI BEACH FL 33141**

2. Principal Place of Business
183 SUNNY ISLES BLVD
Suite, Apt. #, etc.

3. Mailing Address
7098 BONITA DRIVE
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State
SUNNY ISLES BEACH, FL

City & State
MIAMI BEACH, FL

4. FEI Number
65-0548532

Applied For
☐ Not Applicable

Zip
33160

Country
US

Zip
33141

Country
US

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
PATRICIA ARBOLEDA
Street Address (P.O. Box Number is Not Acceptable)
20301 WEST COUNTRY CLUB DR, #1222
City
AVENTURA **FL** Zip Code
33180

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

01-10-02

(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, 2002 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 <input checked="" type="checkbox"/> Delete
NAME	ZULUAGA, ANDRES
STREET ADDRESS	17100 COLLINS AVE., #118-A
CITY-ST-ZIP	SUNNY ISLES BEACH FL 33160
TITLE	P <input type="checkbox"/> Delete
NAME	ARBOLEDA, PATRICIA
STREET ADDRESS	8101 BYRON AVENUE, #211
CITY-ST-ZIP	MIAMI FL 33141
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARBOLEDA, PATRICIA
STREET ADDRESS	20301 WEST COUNTRY CLUB DR, # 1222
CITY-ST-ZIP	AVENTURA, FLORIDA 33180
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

President 01-10-02 (305) 940-0069

Date

Daytime Phone #

CR2E034 (9/01)