## 2000 UNIFORM BUSINESS REPORT (UBR) Apr 22, 2000 8:00 am Secretary of State DOCUMENT # **P95000006829** TOWNCAR TRANSPORTATION, INC. 04-22-2000 90098 038 \*\*\*150.00 Principal Place of Business Mailing Address 8177 GLADES RD. 8177 GLADES RD. SUITE 101 SUITE 101 **BOCA RATON FL 33434 BOCA RATON FL 33434-4022** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0603560 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent Name BROWNER, JULIUS H ESQ-^ Street Address (P.O. Box Number is Not Acceptable) 938 NORTHEAST 62ND STREET FT. LAUDERDALE FL 33334 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. /S/CHR/RMAN D/P K Change ☐ Addition TITLE DISICHAIRMAN ROSENTHAL, RocHelle G ROSENTHAL, ROCHELLE G 4110 NW 29 WAY BOCA RATON FL 33434 ☐ Delete ROSENTHAL, ROCHELLE G NAME NAME STREET ADDRESS STREET ADDRESS 4110 N.W. 29TH WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ★ Addition ☐ Change Delete ROSENTHAL Todd COURT TITLE NAME STREET ADDRESS STREET ADDRESS BOCA RATON FL 33434 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

SIGNATURE: Rochelle 6. R

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

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NAME

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Change

☐ Addition

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Daytime Phone #