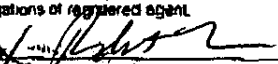
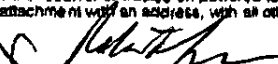


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91367 044 ***150.00

**2003 FOR PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P95000015599					
1. Entity Name ROYAL LIMOUSINE OF BOCA INC.					
Principal Place of Business 18486 EAST COVINGTON TRACE BOCA RATON, FL 33498			Mailing Address 18486 EAST COVINGTON TRACE BOCA RATON, FL 33498		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 65-0565320			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent LIBOW, ROBERT 18486 EAST COVINGTON TRACE BOCA RATON, FL 33498			7. Name and Address of New Registered Agent		
			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE:  (NOTE: Registered Agent Signature required when submitting) DATE					
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS					
TITLE	P	LIBOW, JOYCE	☐ Delete		
NAME		18486 E. COVINGTON TRACE			
STREET ADDRESS		BOCA RATON, FL 33498			
CITY-ST-ZIP					
TITLE	T	LIBOW, DENISE J	☐ Delete		
NAME		9334 B BOCA GARDENS PKWY			
STREET ADDRESS		BOCA RATON, FL 33406			
CITY-ST-ZIP					
TITLE	VP	LIBOW, ROBERT	☐ Delete		
NAME		18486 E. COVINGTON TRACE			
STREET ADDRESS		BOCA RATON, FL 33498			
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Delete		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE			☐ Change ☐ Addition		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  (NOTE: Registered Agent Signature required when submitting) DATE					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

C026034 (10/02)