

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 29, 2001 8:00 am
Secretary of State

01-29-2001 90177 004 ***150.00

DOCUMENT # P95000063737

1. Entity Name

BLACK-TIE LIMOUSINES OF THE PALM BEACHES, INC.

Principal Place of Business

**338 TALL PINES RD
 WEST PALM BEACH FL 33413
 US**

Mailing Address

**338 TALL PINES RD
 WEST PALM BEACH FL 33413
 US**

2. Principal Place of Business

820 N. 8TH Street

Suite, Apt. #, etc.

Suite 1

City & State

Lantana FL

Zip

33462

Country

Palm Beach

3. Mailing Address

820 N. 8TH Street

Suite, Apt. #, etc.

Suite 1

City & State

Lantana FL

Zip

33462

Country

Palm Beach



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0603035**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**NEWBURGH, STEVEN SLOANE PA
 1675 PALM BEACH LAKES BLVD.
 SUITE 700
 W. PALM BEACH FL 33413**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-08-01

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

TITLE **P** ☐ Delete
 NAME **OLIVA, JUAN A**
 STREET ADDRESS **1114 RAIN TREE LANE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VP** ☐ Delete
 NAME **REGO, TERRY**
 STREET ADDRESS **1423 PINE VALLEY DR.**
 CITY-ST-ZIP **WELLINGTON FL 33413**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-08-01

Date

361.790-1386

Daytime Phone #

CR2E034 (10/00)