

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

112

DOCUMENT # P96000013688

1. Entity Name
Aloha limo Service, inc.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 DEC 31 PM 12:54

DO NOT WRITE IN THIS SPACE

REINSTATEMENT

03

2. Principal Place of Business
5400 NW 10 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
5400 NW 10 TERRACE
Suite, Apt. #, etc.

04/16/03 90245020 - 150.00
DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE FL

City & State
FT. LAUDERDALE FL

4. FEI Number
650646674

Applied For
Not Applicable

Zip
33309

Country
USA

Zip
33309

Country
USA

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DOLAN, JAMES V

Street Address (P.O. Box Number is Not Acceptable)

1040 BAYVIEW DRIVE #606

City
FT. LAUDERDALE

FL

Zip Code
33304

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

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution, ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
*PRESIDENT
JAMES E BARRY
5400 NW 10 TERRACE
FT LAUDERDALE FL 33309*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

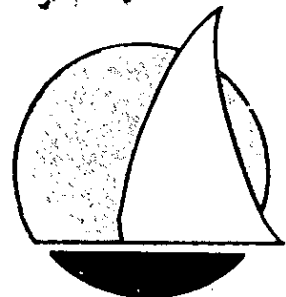
12-22-03

954328-9872

Date

Examine Phone #

2/2



Aloha

LIMOUSINE SERVICE, INC.

CORPORATE • SPECIAL OCCASIONS

WEDDINGS TOURS

CONCERTS & THEATRES

(954) 772-5839

(954) 772-1300

FAX #: (954) 772-0274

5400 N.W. 10TH TERRACE, FT. LAUDERDALE, FL 33309

December 29, 2003

Uniform Business Report
PO Box 1500
Tallahassee, Florida 32302-1500

Sir,

Thank you for the information on how to get copies our Articles of Incorporation. I believe when all is said and done, what has happened was the form was returned to us but not received by us for the absence of the President Aloha Limousine name thus requiring a correction to be made. The check #9000310 for \$150.00 was dated 4/11/03 and posted to our account 5/02/03. Enclosed is the corrected form this should clear up this mystery and make this complete. If you have any questions or are in need of further assistance Please call Jared Wilder at 954-772-1300.

Sincerely,

James Barry
President

also enclosed is a check for \$10.00
Please send us a copy of our articles of
incorporation. Via The Return fedex air Bill
we have supplied

Thank you

Jared Wilder