## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jul 08, 2002 8:00 am Secrétary of State DOCUMENT # P96000014427 1. Entity Name 07-08-2002 90232 047 \*\*\*150.00 AN EXECUTIVE TOUCH LIMOUSINE SERVICE, INC. Mailing Address Principal Place of Business 1040 SW 10 AVE 1040 SW 10 AVE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0645683 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name J CRRY BRAUSER, MICHAEL H Street Address (P.O. Box Number is Not Acceptable) 1040 SW 10 AVE 1040 SW 10 AUE POMPANO BEACH(FL 33069 SIMPAND BEACH 8. The above pained 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 age JEMMY FERDMAN SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. 10. Election Campaign Financing \$5.00 May Be After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change TITLE Delete NAME BRAUSER, MICHAEL H NAME STREET ADDRESS STREET ADDRESS 1040 SW 10 AVE CITY-ST-ZIP POMPANO BEACH FL 33069 CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME FELDMAN, JERRY STREET ADDRESS STREET ADDRESS 1040 SW 10 AVE -CITY-ST-ZIP-CITY, ST. ZIP. FT\_LAUDERDALE FL 33069 -☐ Change ☐ Addition PRES TITLE TITLE ITRRY PELISMON NAME NAME 1045' 5W 15 AVE SOLE 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPAND BCH CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 w with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

1 15 MIL OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

73-02 954-786-000 Date Daylime Phone #



## A Rose Limousine Service, Inc. 1012/15/

1040 Southwest 10th Avenue Pompano Beach, Florida 33069

Broward 946-8225 Broward 786-1111 Toll Free (800)488-5466

Boca/Delray 427-8983 Facsimile 946-8635

07/02/02

Dear Sir/Madam,

Enclosed please find check # 09925 for \$150.00 which covers my corporate tax from.

I never received a notice for due on Jan 2002. Upon calling your offices this morning I was told if I wrote this note that the late fee/fine could be waived. I'm not sure why it was not received but I have noticed that my business' suite number is missing from the address. Please take note!

I would appreciate your attention in this matter, thank you for your time.

Sincerely,

Jerry Feldman

President

F. 1,0600. 21.00.4

11.

percurs a cita en ven para la cita vent la sessa. Pleape ta te materi

demin fragency