2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000037802

1. Entity Name

CONTINENTAL LIMOUSINE SERVICE, INC.

(R)

FILED
Aug 04, 2000 8:00 am
Secretary of State
08-04-2000 90006 007 ***150.00

Principal Place of Business	Mailing Address
8930 STATE RD 84 3224 DAVIE FL 33324 US	8930 STATE RD 84 224 DAVIE FL 33324 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 10310 N.W. 10th Court	3. Mailing Address: Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Plantation, FLORIDA	City & State
Zip: 33322 Country: U.S.A	Zip Country

4. FEI Number 65-0661480 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DRUCKER, WARREN
8930 STATE RD 84
3224
DAVIE FL 33324

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

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRUCKER, WARREN 8930 STATE RD 84 #224 DAVIE FL 33324	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DRUCKER, WARREN 10310 N-W 10th Court Plantation, FL 33322	☒ Change ☐ Addition
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CR2E034 (5/00)

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: X [signature] SIGNATURE REQUIRED Pres. 7/31/00 954-7240089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Attachment # P96000037802
A00071394

July 31, 2000
Continental Limousine Service, Inc.
10310 N W 10th Court
Plantation, Florida 33322

Department of State
Division of Corporations
Uniform Business Reports
P. O. Box 1500
Tallahassee, Fl. 32302-1500

Dear Sir,

Enclosed please find theyear 2000 Uniform business report, with our check in the amount of $150.00.

I am requesting that you waive the extra charges due to the fact that I never received the first request. I can only attribute this to the fact that I moved.

Very truly yours,

WARREN DRUCKER
President