

## 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000070722

1. Entity Name

M X LIMOUSINE SERVICE, INC.

**FILED**  
**Mar 26, 2002 8:00 am**  
**Secretary of State**

03-26-2002 90084 037 \*\*\*150.00

0187288 AV

Principal Place of Business

C/O MARTIN DICKSON  
 5325 NW 53RD CIRCLE  
 COCONUT CREEK FL 33073

Mailing Address

C/O MARTIN DICKSON  
 5325 NW 53RD CIRCLE  
 COCONUT CREEK FL 33073



2. Principal Place of Business

3. Mailing Address

C/O MARTIN DICKSON C/O MARTIN DICKSON

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5323 NW 53RD CIRCLE 5323 NW 53RD CIRCLE

City &amp; State

City &amp; State

COCONUT CREEK FL COCONUT CREEK FL

Zip

Country

Zip

Country

33073 U.S.A 33073 U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0773850

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKSON, MARTIN  
 5325 NW 53RD CIRCLE  
 COCONUT CREEK FL 33073

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 \$150.00**  
**After May 1, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME D  
 STREET ADDRESS DICKSON, MARTIN  
 CITY-ST-ZIP 5325 N.W. 53RD CIRCLE  
 COCONUT CREEK FL 33073

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Martin Dickson* MARTIN DICKSON  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

(954)  
 3-13-02 480-9199

CR2E034 (9/01)