

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000078819

1. Entity Name
DECO DRIVE LIMOUSINE, INC.

FILED
May 03, 2001 8:00 am
Secretary of State
05-03-2001 91100 029 ***150.00

Principal Place of Business
3923 NW 24 STREET
MIAMI FL 33142

Mailing Address
3923 NW 24 STREET
MIAMI FL 33142

2744 NW 35 St
Miami FL 33142

2. Principal Place of Business
SOUTH FLORIDA
Suite, Apt. #, etc.

3. Mailing Address
PO Box 370625 MIAMI
Suite, Apt. #, etc.
FL 33137

City & State
MIAMI FL

City & State

4. FEI Number 65-0780634

Applied For
Not Applicable

Zip Country
33142 USA

Zip Country
USA

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

~~RIVERA, ANTHONY~~
3923 NW 24 STREET
MIAMI FL 33142

Anthony Rivera
2744 NW 35 St
MIAMI FL
33142

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

(NOTE: Registered Agent signature required when reinstating)

4-27-01
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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDS
NAME RIVERA, ANTHONY
STREET ADDRESS 3923 NW 24 STREET
CITY-ST-ZIP MIAMI FL 33142
2744 NW 35 St
Miami FL 33142

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

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

Date

Daytime Phone #

4-27-01 305 871-0555

CR2E034 (10/00)