

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P97000092954**

1. Entity Name

ALL PARK AVENUE LIMOUSINE SERVICE, INC.

Principal Place of Business

**1716 NORTH DIXIE HIGHWAY
HOLLYWOOD FL 33020**

Mailing Address

**1716 NORTH DIXIE HIGHWAY
HOLLYWOOD FL 33020**

2. Principal Place of Business

338 North Dixie Hwy
Suite, Apt. #, etc.

3. Mailing Address

338 North Dixie Hwy
Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Hollywood FL

Zip

33020

Country

Broward

Zip

33020

Country

Broward

6. Name and Address of Current Registered Agent

**DINNA, EDWARD T
719 INTRACOASTAL DRIVE
FORT LAUDERDALE FL 33304**

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 \$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

TITLE	D	<input type="checkbox"/> Delete
NAME	HOOD, NICOLE	
STREET ADDRESS	2995 OAKTREE LANE	
CITY-ST-ZIP	HOLLYWOOD FL 33021	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/01

Date

954-929-0299

Daytime Phone #

FILED
Mar 12, 2001 8:00 am
Secretary of State

03-12-2001 90012 018 ***150.00



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0801914**

Applied For

Not Applicable

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

CR2E034 (10/00)

0104692