

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-31-2001 90011 019 ***550.00

0078783 AV

DOCUMENT # P98000016046

1. Entity Name

WORLD CLASS LIMOUSINES, INC.

Principal Place of Business

**601 N.W. 12TH AVENUE
 DEERFIELD BEACH FL 33441**

Mailing Address

**601 N.W. 12TH AVENUE
 DEERFIELD BEACH FL 33441**

00074432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

744 N. FEDERAL HIGHWAY
 Suite, Apt. #, etc.

3. Mailing Address

744 N. FEDERAL HIGHWAY
 Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

4. FEI Number

65-0815493

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name: **WALDEN & SONS, CERTIFIED PUBLIC ACCOUNTANTS, P.A.**
 Street Address (P.O. Box Number is Not Acceptable):
UNION PLANTERS BANK CENTRE
1489 W. PALMETTO PARK RD, SUITE 400
 City: **BOCA RATON** FL Zip Code: **33486**

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

Walden & Sons by [Signature]

7/31/01

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 12, 2001 Fee 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

TITLE: **PSTD** ☐ Delete
 NAME: **CALIENDO, ANTHONY**
 STREET ADDRESS: **225 MIZNER BLVD.**
 CITY-ST-ZIP: **BOCA RATON FL 33432**

TITLE: **VP** ☐ Delete
 NAME: **RICHARDS, BRUCE**
 STREET ADDRESS: **225 MIZNER BLVD.**
 CITY-ST-ZIP: **BOCA RATON FL 33432**

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:
☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: **744 N. FEDERAL HIGHWAY**
 CITY-ST-ZIP: **POMPANO BEACH, FL 33062**

TITLE: ☒ Change ☐ Addition
 NAME:
 STREET ADDRESS: **744 N. FEDERAL HIGHWAY**
 CITY-ST-ZIP: **POMPANO BEACH, FL 33062**

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

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

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

TITLE: ☐ Change ☐ Addition
 NAME:
 STREET ADDRESS:
 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]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/01)