

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000042392

1. Entity Name

ESQUIRE LIMOUSINE AND BODY GUARD SERVICES, INC.

Principal Place of Business

2600 COLLINS AVENUE  
SUITE 201  
MIAMI FL 33140

Mailing Address

7945 SW 17TH ST  
MIAMI FL 33155

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0838461

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

DELGADO DE ARMAS, RAUL R ESQ.  
600 BRICKELL AVENUE  
SUITE 500  
MIAMI FL 33131

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE SD ☒ Delete  
NAME BEQUER-RAMOS, ILEANA C  
STREET ADDRESS 2600 COLLINS AVENUE SUITE 201  
CITY-ST-ZIP MIAMI FL 33140

TITLE P. D. ☒ Change ☐ Addition  
NAME Daniel M. Rodriguez  
STREET ADDRESS 7945 S.W. 17 Street  
CITY-ST-ZIP Miami, FL. 33155

TITLE PD ☒ Delete  
NAME RAMOS, OCTAVIO  
STREET ADDRESS 3541 WEST 2ND AVE.  
CITY-ST-ZIP HIALEAH FL 33012

TITLE V.P. ☒ Change ☐ Addition  
NAME OCTAVIO RAMOS  
STREET ADDRESS 7945 S.W. 17 Street  
CITY-ST-ZIP Miami, FL. 33155

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

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 #

**FILED**  
**Jan 23, 2001 8:00 am**  
**Secretary of State**

01-23-2001 90120 037 \*\*\*158.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)

01-11-01 (36) 267-8274