

DOCUMENT # P98 000043425

1. Entity Name
IN Style 1,000,000 D.B.A. FANTASY LINDA

Mailing Address
 Fan Tasy Lino
 P.O. Box 222283
 W.P.B. Fla 33422

3. Mailing Address
Suite, Apt. #, etc.
P.O. Box 222283

City & State W.P.A. Fla	Country Palm Beach
Zip 33422	

Applied For
Not Applicable

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

1. 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 Joe C. Zupena DATE 4-27-01
Signature, typed or printed name of informant required and title if applicable. PHOTO: Registered Agent signature required when necessary

This corporation is eligible to elect to be taxable as a corporation. ☒ Yes ☐ No (See criteria on back)	FILE NOW!!!! FEE IS \$150.00 After MAY 1, 2001, Fee will be \$350.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution: ☐	\$5.00 May Be Added to Fees
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11.		OFFICERS AND DIRECTORS	
TITLE	PRESIDENT		☐ Delete
NAME	JOSE A. FIGUEROA		
STREET ADDRESS	1108-GM GREENPINE Blvd		
CITY-ST-ZIP	LOS ANGELES BEACH CA 90409		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	☐ Change ☐ Addition
NAME	1000046192
STREET ADDRESS	-10/01/01--01
CITY, ST., ZIP	

TITLE	☐ Digest
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

TITLE	10/01/01
NAME	* 01/01/01
STREET ADDRESS	
CITY, ST, ZIP	

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

NAME		☐ Delete
STREET ADDRESS		
CITY-STATE-ZIP		

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

NAME	☐ Delete
STREET ADDRESS	
PT. # - ZIP	
FILE	☐ Delete

TITLE	refiled w/o penalty	☐ Change	☐ Addition
NAME			
STREET ADDRESS	per P.B.		
CITY-ST-ZIP			
TITLE	18a/11	☐ Change	☐ Addition

1. I hereby certify that the information supplied with this filing does not qualify for

NAME	<i>John J. [illegible]</i>	☐ Charge	☐ Receipt
STREET ADDRESS			
CITY-STATE-ZIP			

Exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE- [Signature] 6-11-91 541

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 5/17/2012 Division Phone # _____



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

P-98000043425

September 6, 2001

Fantasy Limousine

P.O. Box 222283

West Palm Beach, FL. 33422

Dear Sir;

Enclosed please find a postal money order in the amount of \$165.00. I am unable to match this money to any corporation on record. Either by the name on the money order nor the accompanying postal addressee form.

Please indicate by name or document number which corporation you wish the money applied to.

Return the money order to: Division of Corporations, P.O. Box 6327, Tallahassee, FL. 32314. Attn: Pat Bailey.

Sincerely yours,

Patricia G. Bailey
Fiscal (850) 245-6057