2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024118

1. Entity Name

ACCESS TRANS & LIMOUSINE SERVICE INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 NOV 20 PM 6:05

Principal Place of Business	Mailing Address
14322 LAURELTON DR. ORLANDO FL 32837	14322 LAURELTON DR. ORLANDO FL 32837

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7041 GRAND NATIONAL DR	7041 Grand NATIONAL DR
Suite, Apt. #, etc.: Suite 105	Suite, Apt. #, etc.: 105
City & State: ORLANDO FL	City & State: FL
Zip: 32819 Country: USA	Zip: 328.19 Country: USA.

4. FEI Number: 59-3569337 ☐ 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
TAZI, MOHAMED 14322 LAURELTON DR. ORLANDO FL 32837	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: MOHAMED TAZI PRESIDENT 09-05-00
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 13, 2000 Min. 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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TAZI, MOHAMED 14322 LAURELTON DR. ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 600003491436--0 -12/08/00--01017--008 ****550.00 ****550.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TAZI, ADAM A 14322 LAURELTON DR. ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MANE, SEBTI 14322 LAURELTON DR. ORLANDO FL 32837	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (5/00)

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 REQUIRED 11-14-00 407-248550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #