

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2002 8:00 am
Secretary of State

010477 AV

DOCUMENT # P99000024118

1. Entity Name

ACCESS TRANS & LIMOUSINE SERVICE INC.

04-11-2002 90093 049 ***158.75

Principal Place of Business

7041 GRAND NATIONAL DR
 SUITE 106
 ORLANDO FL 32819

Mailing Address

7041 GRAND NATIONAL DR
 SUITE 106
 ORLANDO FL 32819

2. Principal Place of Business

14322 Laurelton Dr
 Suite, Apt. #, etc.

3. Mailing Address

14322 Laurelton Dr
 Suite, Apt. #, etc.

City & State

ORL. FL

City & State

Orlando FL

Zip

32837

Country

Zip

32837

Country

4. FEI Number

59-3569337

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

TAZI, MOHAMED
 14322 LAURELTON DR.
 ORLANDO FL 32837

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, 2002 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	P	<input type="checkbox"/> Delete
NAME	TAZI, MOHAMED	
STREET ADDRESS	14322 LAURELTON DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TAZI, ADAM A	
STREET ADDRESS	14322 LAURELTON DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE	ST	<input type="checkbox"/> Delete
NAME	IMANE, SEBTI	
STREET ADDRESS	14322 LAURELTON DR.	
CITY-ST-ZIP	ORLANDO FL 32837	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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
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	
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:

Mohamed Tazi, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-10-02 407-8259441

Date

Daytime Phone #

CR2E034 (9/01)