

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

4/30

**FILED**  
**Jun 09, 2003 8:00 am**  
**Secretary of State**

04-30-2003 90079 033 \*\*\*158.75

**DOCUMENT # P99000024118**

**1. Entity Name**  
**ACCESS TRANS & LIMOUSINE SERVICE INC.**



**Principal Place of Business**  
14322 LAURELTON DR  
ORLANDO FL 32837

**Mailing Address**  
14322 LAURELTON DR  
ORLANDO FL 32837

**55047164**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**4. FEI Number**  
59-3569337

Applied For  
Not Applicable

Zip Country

Zip Country

**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** **ELIAS AHMED TAZI**

Street Address (P.O. Box Number is Not Acceptable)

14322 Laurelton Dr

City **Orlando**

**FL**

Zip Code **32837**

**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. I am familiar with, and accept the obligations of registered agent.**

**SIGNATURE** Elias K. Tazi *V.P.*  
Signature, typed or printed name of registered agent and title if applicable.

Elias K. Tazi  
(NOTE: Registered Agent signature required when reinstating)

06-02-03  
DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

**9. Election Campaign Financing**  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

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

**TITLE** **P** ☐ Delete  
**NAME** **TAZI, MOHAMED**  
**STREET ADDRESS** **14322 LAURELTON DR.**  
**CITY-ST-ZIP** **ORLANDO FL 32837**

**TITLE** **V.P.** ☐ Change ☐ Addition  
**NAME** **ELIAS AHMED TAZI**  
**STREET ADDRESS** **14322 Laurelton Dr Orlando FL**  
**CITY-ST-ZIP** **32837**

**TITLE** **VP** ☐ Delete  
**NAME** **TAZI, ADAM A**  
**STREET ADDRESS** **14322 LAURELTON DR.**  
**CITY-ST-ZIP** **ORLANDO FL 32837**

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

**TITLE** **ST** ☐ Delete  
**NAME** **IMANE, SEBTI**  
**STREET ADDRESS** **14322 LAURELTON DR.**  
**CITY-ST-ZIP** **ORLANDO FL 32837**

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

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

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

**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

**TITLE** ☐ Change ☐ Addition  
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**TITLE** ☐ Delete  
**NAME**  
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**CITY-ST-ZIP**

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

**12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** 2 SIGNATURES REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-17-03 407-8859441  
Date Daytime Phone #

CR2E034 (10/02)