## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State DOCUMENT # P99000045402 1. Entity Name CHECKER CAB & LIMO, CORP. 05-02-2001 90032 031 \*\*\*150.00 Mailing Address Principal Place of Business 2610 WINDSOR AVENUE #C 2610 WINDSOR AVENUE #C W. PALM BEACH FL 33407 W. PALM BEACH FL 33407 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For FE! Number 65-0922907 le5 Not Applicable Country Zip \$8.75 Additional Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BIEN-AINE, WILLY 2610 WINDSOR AVENUE UNIT-C WEST PALM BEACH FL 33407 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE President Change ☐ Addition ☐ Delete TITLE NAME BIEN-AINE, WILLY NAME STREET ADDRESS STREET ADDRESS 2610 WINDSOR AVENUE UNIT-C CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33407 ☐ Addition ZZ Delete TITLE TIT! F JOSEMOND, DESTALE NAME STREET ADDRESS STREET ADDRESS 2610 WINDSCR AVENUE UNIT-C CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 Delete TITLE NAME NAME Joseph, Lionel STREET ADDRESS STREET ADDRESS 2610 WINDSOR AVENUE UNIT-C CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 ☐ Addition ☐ Delete TITLE. TITLE NAME NAME ALFRED, ERNEST STREET ADDRESS STREET ADDRESS 2610 WINDSOR AVENUE UNIT-C CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE ☐ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

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