

2006

2006 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90084 042 ***150.00

DOCUMENT # P99000045402

1. Entity Name
CHECKER CAB & LIMO, CORP.Principal Place of business
2621 SOUTH STREET
W. PALM BEACH, FL 33407Mailing Address
2621 SOUTH STREET
W. PALM BEACH, FL 33407

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. Name and Address of Current Registered Agent

4. FEI Number
65-0922907Applicant For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

7. Name and Address of New Registered Agent

BIEN-NINE, ONLY
2621 SOUTH STREET
WEST PALM BEACH, FL 33407Name
ERNEST G. ALFRED

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

2621 South Street - or poBox 8651

City
W. Palm Beach

FL

Zip Code
334076. 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

(NOTE: Registered Agent signature required when submitting
Signature, typed or printed name of registered agent and title if applicable.

4/26/06

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	D	<input type="checkbox"/> Delete
NAME	ALFRED, ERNEST	
STREET ADDRESS	2621 SOUTH ST	
CITY-ST-ZIP	W PALM BEACH FL 33407	
TITLE	President	<input type="checkbox"/> Delete
NAME	Ernest G. Alfred	
STREET ADDRESS	2621 South Street	
CITY-ST-ZIP	W. palm beach FL 33407	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Sauveur Atilus	
STREET ADDRESS	2621 South Street	
CITY-ST-ZIP	W. palm beach FL 33407	
TITLE		<input type="checkbox"/> Delete
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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:

Date

Daytime Phone #

4/26/06

561-5026555