2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000051623

1. Entity Name

ALL FLORIDA LIMOUSINE SERVICE INC.

FILED
Apr 04, 2001 8:00 am
Secretary of State

04-04-2001 90501 017 ***150.00

C0042134

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1400 NW 96TH AVENUE MIAMI FL 33172	1400 NW 96TH AVENUE MIAMI FL 33172

2. Principal Place of Business 6955 N.W 52 ST

Suite, Apt. #, etc. — 104

City & State MIAMI FLA

Zip 33166   Country

3. Mailing Address 6955 N.W 52 ST

Suite, Apt. #, etc. 104

City & State MIAMI FLA

Zip 33166   Country

4. FEI Number 65-0999075

Applied For ☐
Not Applicable ☐

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ARCE, DAVID
1400 NW 96TH AVENUE
MIAMI FL 33172

7. Name and Address of New Registered Agent

Name

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

6955 N.W 52 ST #104

City MIAMI   FL   Zip Code 33166

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, 2001 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD **NAME** ARCE, DAVID **STREET ADDRESS** 1400 NW 96TH AVENUE **CITY-ST-ZIP** MIAMI FL 33172	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
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CR2E034 (10/00)

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: DAVID ARCE   DAVID ARCE   04·3·01   305-470·0008

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #