2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State
03-22-2000 90182 046 ***150.00

DOCUMENT # P99000062627

1. Entity Name

ATLANTIC COAST LIMOUSINE INC.

Principal Place of Business	Mailing Address
1810 CORAL DRIVE APT. 1 FORT LAUDERDALE FL 33305	1810 CORAL DRIVE APT. 1 FORT LAUDERDALE FL 33305

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
232 BASIN DRIVE		3030 NE 21ST TERRACE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. 05	
City & State: LAUDERDALE-BY-THE-SEA, FL		City & State: FORT LAUDERDALE	
Zip: 33308	Country: USA.	Zip: 33306	Country: USA

4. FEI Number: 65-0924835 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CAN-AM IMMIGRATION SERVICES INC.
721 S.E. 17TH STREET
FORT LAUDERDALE FL 33316

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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	D CHARBONNEAU, ANDRE 1810 CORAL DRIVE APT. 1 FORT LAUDERDALE FL 33305 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDRE CHARBONNEAU 3030 NE 21ST TERRACE #05 FORT LAUDERDALE, FL, 33306 ☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: [signature] 03/08/00 (954)816-5466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #