

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079580

1. Entity Name

AIRPORT LIMOUSINE OF MIAMI, INC.

Principal Place of Business

Mailing Address

~~4471 NW 36 STREET, STE. 211~~
~~MIAMI FL 33166~~

~~4471 NW 36 STREET, STE. 211~~
~~MIAMI FL 33166~~

2. Principal Place of Business

3930 NW 27ST

3. Mailing Address

3930 NW 27ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Miami FL

Zip

33142

Country

USA

Zip

33142

Country

USA

6. Name and Address of Current Registered Agent

ALCANTARA, PURA B
~~4471 NW 36 STREET, STE. 211~~
~~MIAMI FL 33166~~

7. Name and Address of New Registered Agent

Name ALCANTARA, PURA B
Street Address (P.O. Box Number is Not Acceptable)
3930 NW 27ST
City Miami FL Zip Code 33142

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]

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	ALCANTARA, PURA B	
STREET ADDRESS	4471 NW 36 STREET, STE. 211	
CITY-STATE-ZIP	MIAMI FL 33166	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALCANTARA, PURA B		
STREET ADDRESS	3930 NW 27ST		
CITY-STATE-ZIP	MIAMI FL 33142		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-STATE-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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90015 001 ***150.00

646600



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0951784

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

CR2E034 (10/00)

0497242