2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State
07-11-2000 90002 030 ***150.00

DOCUMENT #

1. Entity Name

P99000099463

Principal Place of Business — Mailing Address

ALEX LIMOUSINES, INC.

[redacted]

00068386

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1919 BAY DRIVE	
Suite, Apt. #, etc.: # 72	Suite, Apt. #, etc.
City & State: MIAMI BEACH Florida	City & State
Zip: 33141 — Country: USA	Zip — Country

4. FEI Number: 65-0960994 — ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name: ALEXIS RODRIQUEZ

Street Address (P.O. Box Number is Not Acceptable): 1919 BAY DRIVE

City: MIAMI BEACH — FL — Zip Code: 33141

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: ALEXIS RODRIQUEZ — 5/31/00

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

8. 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 / ADDRESS / CITY-ST-ZIP: LAZARA SAUMELL P.S.D., 1919 BAY DRIVE #72, MIAMI Beach Fl 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
ALEXIS Rodriquez VP, 1919 BAY DRIVE #72, MIAMI Beach Fl 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: L Saumell — LAZARA SAUMELL Pres — 5/31/00 — 305 8045596

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