

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **S 69284**

1. Entity Name

**Emerald Limousine Service Inc.**

Principal Place of Business

**Broward County Florida**

Mailing Address

**P.O. Box 778  
Fort Lauderdale Florida  
33302**

2. Principal Place of Business

**3181 S.W. 53 Ave**

3. Mailing Address

**above**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**P.O. Box 778**

City & State

**David Florida**

City & State

**Fort Lauderdale FL**

4. FEI Number

**650-31-7022**

Applied For

Not Applicable

Zip

**33314**

Country

**U.S.**

Zip

**33302**

Country

**U.S.**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**Christopher Kelley  
11098 Biscayne Blvd.  
Miami Florida**

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

TITLE **Director**  
NAME **Kenneth B. Caligan**  
STREET ADDRESS **3181 S.W. 53 Avenue**  
CITY-ST-ZIP **David Florida 33314**

☐ Delete

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change

☐ Addition

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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:

**Kenneth B. Caligan** (Kenneth B. Caligan 4/20/2001/954-403-0220)

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

APPROVED  
AND  
FILED

01 AUG 13 PM 11:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

552121

DO NOT WRITE IN THIS SPACE

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\*\*\*150.00 \*\*\*150.00

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