2002

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State
05-14-2002 90351 030 ***150.00

DOCUMENT # S84270

1. Entity Name

AIRPORT LIMOUSINE SERVICE, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6554 N.W 13th Ct	P.O. Box 17742
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Ft. LAUDERDALE	City & State: FORT. LAUDERDALE
Zip: 33313 Country:	Zip: 33318 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-044 1956 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ROBERT DESANTI

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

6554 N.W. 13th Court

City: Ft. LAUDERDALE FL Zip Code: 33317

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when non-banking)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRE. ROBERT DESANTI 6554 N.W. 13 Ct Ft. LAUDERDALE, FLA	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V. PRES LOUIS DESANTI 6554 N.W 13 Ct Ft. LAUDERDALE, FLA	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY LOUIS DESANTI 6554 N.W 13 Ct Ft. LAUDERDALE, FLA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TRES ROBERT DESANTI 6554 N.W 13 Ct Ft. LAUDERDALE, FLA
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOID	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOID
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOID	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOID

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Robert D. Desanti 4-28-2002 1 800 BROWARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #