

# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

1664	Z VIP Sedan & Limousine Services, Inc., t/a Z Limo			
<b>*WMATC No.    *Name of Carrier (as shown on certificate of authority)</b>				
6267 Franconia Road, #200		Alexandria	VA	22310-2583
<b>*Street Address of Principal Place of Business</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
<b>Mailing Address (if different from street address)</b>		<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
(202) 298-7778	(703) 822-0088	(202) 298-7774	info@z-limo.com	
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>	

**2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):**

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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**3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):**

Mr. Faisal Abbasi	CEO		
<b>*Name</b>		<b>*Title</b>	
(703) 863-9187	(703) 822-0088	(202) 298-7774	fred@z-limo.com
<b>*Telephone</b>	<b>Other Telephone</b>	<b>Fax</b>	<b>E-mail</b>

**4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS**

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Hamayun Ashfaq Khan	(443) 517-6651	zchano@gmail.com	
<b>Name of Registered Agent for Service of Process</b>		<b>Telephone</b>	<b>E-mail</b>
8611 Undermire Court		Bowie	MD
<b>Agent Address (must be inside Metropolitan District)</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>
			20720-4425
			<b>Zip</b>

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

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6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2006	Lincoln	1LNHM84W56Y637959	H517970	VA	4.	
✓	2006	Lincoln	1LN4M84W06Y627596	H517971	VA	4	
✓	2006	Lincoln	1LN4M84W16Y650420	H521041	VA	4	
✓	2007	Cadillac	1G6KD57Y870130782	5064BB	MO	4	
✓	2009	GMC	1GKFK13539R109504	54659B	MO	5.	
✓	2011	Lincoln	2LNBL8EVXBK755885	H520083	VA	4.	
✓	2009	Lincoln	1LNHM84W174Y667112	H521026	VA	4.	
✓	2011	Lincoln	2LNBL8CV2BK753146	H517889	VA	4.	
	2012	Ford	1FBSS3B0CDA37305	H521772	VA	14.	

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

FAISAL ABBASI

\*Name (type or print)

President of CEO

\*Title (not required for sole proprietors)



\*Signature

1/22/2013

\*Date