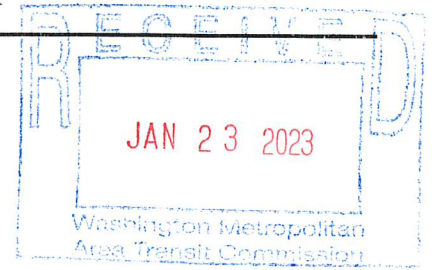


# Washington Metropolitan Area Transit Commission

## 2023 Carrier Annual Report Form



Read the accompanying instructions carefully before completing this form.

**1. CARRIER INFORMATION:**

3564	Nice Limousine LLC			
<b>*WMATC No.   *Name of Carrier (as shown on certificate of authority)</b>				
2259 Jennings Street		Woodbridge	VA	22191-4404
<b>*Street Address of Principal Place of Business</b>	<b>Apt./Suite</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
Mailing Address (if different from street address)	Apt./Suite	City	State	Zip
(240) 423-0592			najams19@gmail.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.	DC DFHV 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. Syed Najam UI Abbas	Owner
<b>*Name</b>	<b>*Title</b>
(240) 423-0592	najams19@gmail.com
<b>*Telephone</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).

Shahid Mehood	(571) 762-7900
<b>Name of Registered Agent for Service of Process</b>	<b>Telephone</b>
2500 N. Van Dorn Street, #225	Alexandria
<b>Agent Address (must be inside Metropolitan District)</b>	<b>City</b>
	VA
	22302-1600
	<b>State      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. If you have more than 10 vehicles in your fleet, you must use option 2. 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
1	2022	chevy	1GNSCBKD9NR3200- 97	NICE- LMD	VA	7	0

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.

Syed Najam ul Abbas

\*Name (type or print)

OWNER

\*Title (not required for sole proprietors)

S. Najam

\*Signature

01/20/2023

\*Date