

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000027585

FILED
Apr 03, 2003
Secretary of State

Entity Name: A ALL AVENTURA TAXI INC.

Current Principal Place of Business:

1210 NW 126TH STREET
NORTH MIAMI, FL 33167 US

New Principal Place of Business:

Current Mailing Address:

1210 NW 126TH STREET
NORTH MIAMI, FL 331672347

New Mailing Address:

FEI Number: 36-4430502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PERARD, HENRY R
1210 NW 126TH STREET
NORTH MIAMI, FL 331672347

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PERARD, HENRY R
Address: 1210 NW 126TH STREET
City-St-Zip: NORTH MIAMI, FL 33167 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: PERARD, HENRY R
Address: 1210 NW 126TH STREET
City-St-Zip: NORTH MIAMI, FL 33167 US

Title: VP () Change (X) Addition
Name: PERARD, ANELLE
Address: 1210 NW 126TH STREET
City-St-Zip: NORTH MIAMI, FL 33167 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANELLE PERARD

VP

04/03/2003

Electronic Signature of Signing Officer or Director

_____ Date