

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90114 049 ***150.00

DOCUMENT # 257736

1. Entity Name
CITY TAXI CAB SYSTEM, INC.

Principal Place of Business

2070 WESTWARD DR
 MIAMI SPRINGS FL 33166

Mailing Address

2070 WESTWARD DR
 MIAMI SPRINGS FL 33166-4915

822752



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **59-0971140**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STANZELLA, VERDEENA
2070 WESTWARD DR
MIAMI SPRINGS FL 33166-4915

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
PD	STANZELLA, VERDEENA	2070 WESTWARD DR	MIAMI SPRINGS FL 33166-4915	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	KIBBY, MARTIN	4023 OAK RUN	HUMBLE TX 77396	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
ST	DUPUS, JOY	715 WEST 50TH ST	HIALEAH FL	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	KIBBY, RONI	4023 OAK RUN	HUMBLE TX	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
V	KIBBY, ROGER	44529 90TH ST. EAST	LANCASTER CA	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Verdeena Stanzella Verdeena Stanzella

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-7-2000

305-888-6151