

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2001 8:00 am
Secretary of State

04-13-2001 90028 020 ***150.00

0206962

DOCUMENT # 257736

1. Entity Name
CITY TAXI CAB SYSTEM, INC.

Principal Place of Business Mailing Address
2070 WESTWARD DR **2070 WESTWARD DR**
MIAMI SPRINGS FL 33166 **MIAMI SPRINGS FL 33166**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-0971140** Applied For
 Not Applicable

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

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, 2001 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 **PD** Delete
 NAME **STANZELLA, VERDEENA**
 STREET ADDRESS **2070 WESTWARD DR**
 CITY-ST-ZIP **MIAMI SPRINGS FL 33166-4915**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VP** Delete
 NAME **KIBBY, MARTIN**
 STREET ADDRESS **4023 OAK RUN**
 CITY-ST-ZIP **HUMBLE TX 77396**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **ST** Delete
 NAME **DUPUS, JOY**
 STREET ADDRESS **715 WEST 50TH ST**
 CITY-ST-ZIP **HIALEAH FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **KIBBY, RONI**
 STREET ADDRESS **4023 OAK RUN**
 CITY-ST-ZIP **HUMBLE TX**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **V** Delete
 NAME **KIBBY, ROGER**
 STREET ADDRESS **1402 S 30TH ST EAST**
 CITY-ST-ZIP **LANCASTER CA**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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* (305) 888-6156
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/00)