

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
 05-10-2001 90221 035 ***150.00

0184961

DOCUMENT # 259547 1. Entity Name ECONOMY CAB COMPANY																																			
Principal Place of Business 532 SAN LORENZO CORAL GABLES FL 33146		Mailing Address 532 SAN LORENZO CORAL GABLES FL 33146																																	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																	
City & State		City & State																																	
Zip	Country	Zip	Country																																
6. Name and Address of Current Registered Agent SOLMS OGUMS, WILLAM O JR 6701 SUNSET DR STE 104 MIAMI FL 33143		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>																																			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> (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. <input type="checkbox"/>		\$5.00 May Be Added to Fees																																	
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">11. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left;">12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <div style="border: 1px solid black; padding: 2px;"> P TAYLOR, GORDON 532 SAN LORENZO CORAL GABLES FL 33146 </div> <input type="checkbox"/> Delete </td> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width: 70%;"> <div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div> </td> </tr> <tr><td> </td><td> <input type="checkbox"/> Delete</td><td> </td><td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> <input type="checkbox"/> Delete</td><td> </td><td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> <input type="checkbox"/> Delete</td><td> </td><td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> <input type="checkbox"/> Delete</td><td> </td><td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> <input type="checkbox"/> Delete</td><td> </td><td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> <tr><td> </td><td> <input type="checkbox"/> Delete</td><td> </td><td> <input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr> </table>				11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> P TAYLOR, GORDON 532 SAN LORENZO CORAL GABLES FL 33146 </div> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="border: 1px solid black; padding: 2px;"> <input type="checkbox"/> Change <input type="checkbox"/> Addition </div>		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: <u><i>Gordon Taylor</i></u> Gordon Taylor 4/29/01 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																			



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)