

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # G49767

1. Entity Name

F & F TAXI CORP.



Principal Place of Business
9850 N. OAK KNOLL CIR.
FT. LAUDERDALE FL 33324

Mailing Address
9850 N. OAK KNOLL CIR.
FT. LAUDERDALE FL 33324



MOORE CR2E034 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2306683

Applied F
Not Appli

Zip

Country

Zip

Country

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

FASCIANI, FLORA
9850 N. OAK KNOLL CIR.
FT. LAUDERDALE FL 33324

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.

TITLE	P	<input type="checkbox"/> Delete
NAME	FASCIANI, FLORA	
STREET ADDRESS	9850 N OAK KNOLL CIRCLE	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	FASCIANI, VITALE	
STREET ADDRESS	9850 N OAK KNOLL CIR	
CITY - ST - ZIP	FT LAUDERDALE FL	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
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CITY - ST - ZIP		

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01/23/04-80064-002 150.00

12. 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Flora Fasciani

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-20-04 954-474-5415

Date

Daytime Phone #