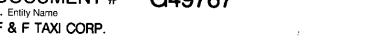
## **2003 FOR PROFIT CORPORATION** UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT #** G49767





**FILED** Jan 21, 2003 8:00 am Secretary of State

1. Entity Name F & F TAXI	CORP.	,		01-21-2003 90097 002 ***150	.00	
Principal Place of Business 9850 N. OAK KNOLL CIR. FT. LAUDERDALE FL 33324		Mailing Address 9850 N. OAK KNOLL CIR. FT. LAUDERDALE FL 33324				
2. Principal Place	of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		☐ CHECK HERE IF MAKING CHANGES		
City & State		City & State		4. FEI Number 59-2306683 Apr	olied For	
Zip	Country	7:-		Not	Applicable	
		Zip	Country	5. Certificate of Status Desired \$8.75 Addi		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	<del></del>	
FASCIANI, FLO			Name Street Add	ress (P.O. Box Number is Not Acceptable)		

9850 N. OAK KNOLL CIR. FT. LAUDERDALE FL 33324 City 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. ! am familiar with, and accept the obligations of registered agent.

Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00

SIGNATURE

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Trust Fund Contribution. Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Defete TITLE ☐ Change Addition NAME FASCIANI, FLORA NAME STREET ADDRESS 9850 N OAK KNOLL CIRCLE STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME FASCIANI, VITALE NAME STREET ADDRESS 9850 N\_OAK\_KNOLL\_CIR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 if changed, or on an attachment with an address, with all of

SIGNATURE:

Daytime Phone #