2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mar 24, 2003 8:00 am Secretary of State G62407 DOCUMENT # 03-24-2003 90242 034 ***150.00 1. Entity Name TAXICAB 1711, INC. Principal Place of Business TUUZUALI Mailing Address VICENTE MEDINA VIÇENTE MEDINA 3642 N.W. 22ND AVE. 3642 N.W. 22ND AVE. MIAMI FL 33142 MIAMI FL 33142 ับร 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 Applied For 11-2651502 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HERNANDEZ, GILBERTO Street Address (P.O. Box Number is Not Acceptable) 3642 N.W. 22ND AVE. MIAMI FL 33142 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. 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) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition Delete ☐ Change CR2E034 (10/02 AQUINO, JUAN O NAME NAME 40 CUNTON ST STREET ADDRESS STREET ADDRESS **BROOKLYN NY 11201** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition AQUINO, JUAN O NAME NAME 112 COURT ST STREET ADDRESS STREET ADDRESS **BROOKLYN NY 11201** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition AQUINO, ESTRELLA NAME NAME 40 CLINTON ST-STRÉET ADORESS STREET ADORESS CITY-ST-ZIP BROOKLYN NY 11201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADORESS CITY-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 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 if changed, or on an attachment with an address, with all other like empowered.



Date Daytime Phone #

FILED