

2002 UNIFORM BUSINESS REPORT (UBR)

05/12/97 AV

DOCUMENT # **H07876**

1. Entity Name
METRO TAXI, INC.

APPROVED
AND
FILED

02 FEB -8 PM 3:39

Principal Place of Business

**1995 N.E. 142ND ST.
N. MIAMI FL 33181**

Mailing Address

**ONE RIVERWAY
STE 500
HOUSTON TX 77056
US**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

EP

DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT APPLICABLE.

Applied For

Not Applicable

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

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALL FL 32301**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2002 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 Delete
NAME **DVS LONGO, ROBERT E**
STREET ADDRESS **ONE RIVERWAY, STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE Change Addition
NAME **DR DAVID Young**
STREET ADDRESS **One Riverway, Ste 500**
CITY-ST-ZIP **Houston TX 77056**

TITLE Delete
NAME **T REYES, STEPHANIE**
STREET ADDRESS **ONE RIVERWAY, STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **D BELL, LINDA**
STREET ADDRESS **ONE RIVERWAY, STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP **300004897433--8**

TITLE Delete
NAME **DCEO GALLAGHER, FRANK P**
STREET ADDRESS **ONE RIVERWAY, STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **ACS ROSECRANS, SHAYNE A**
STREET ADDRESS **ONE RIVERWAY, STE 500**
CITY-ST-ZIP **HOUSTON TX 77056**

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: Shayne A. Rosecrans **Shayne A. Rosecrans** 01-23-02(713) 888 0104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 419083 7111512

AUTHORIZATION : *Patricia Piquero*

COST LIMIT : \$ 150.00

ORDER DATE : February 7, 2002

ORDER TIME : 12:05 PM

ORDER NO. : 419083-235

CUSTOMER NO: 7111512

CUSTOMER: Ms. Shayne A. Rosecrans
Coach Usa
One Riverway
Suite 500
Houston, TX 770561903

RECEIVED
02 FEB - 8 PM 2:54
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: METRO TAXI INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds-EXT#1133

EXAMINER'S INITIALS: _____