

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

*Drkelwz*

0013333  
AV

DOCUMENT # **H07876**



1. Entity Name  
**METRO TAXI, INC.**

FILED

03 MAR 10 AM 9:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



Principal Place of Business  
**1995 N.E. 142ND ST.  
N. MIAMI FL 33181**

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

CHECK HERE IF MAKING CHANGES

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
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  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>LONGO, ROBERT E</b>	
STREET ADDRESS	<b>ONE RIVERWAY, STE 500</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE	<b>DT</b>	<input type="checkbox"/> Delete
NAME	<b>YOUNG, DAVID</b>	
STREET ADDRESS	<b>ONE RIVERWAY, STE 500</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BELL, LINDA</b>	
STREET ADDRESS	<b>ONE RIVERWAY, STE 500</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE	<b>ACS</b>	<input type="checkbox"/> Delete
NAME	<b>ROSECRANS, SHAYNE A</b>	
STREET ADDRESS	<b>ONE RIVERWAY, STE 500</b>	
CITY-ST-ZIP	<b>HOUSTON TX 77056</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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.

SIGNATURE: *Shayne A. Rosecrans* **Shayne A. Rosecrans** 03/07/03 713-888-0104  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)



CORPORATION SERVICE COMPANY™

*payment*

ACCOUNT NO. : 072100000032

REFERENCE : 958030 7111512

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 150.00

ORDER DATE : March 7, 2003

ORDER TIME : 12:09 PM

ORDER NO. : 958030-250

CUSTOMER NO: 7111512

CUSTOMER: Kim Steiger  
Coach Usa  
Suite 500  
One Riverway  
Houston, TX 770561903

RECEIVED  
03 MAR 10 PM 12:54  
DIVISION OF CORPORATION

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: Amanda Haddan-EXT#1155

EXAMINER'S INITIALS: \_\_\_\_\_