FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED

02 JUN 27 PM 1:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091726

1. Entity Name
ROGI TAXI SERVICE Corp

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
	11532 SW 6th TERR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33174 / Country: U.S.A

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-104604-231509 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: IGOR A SANDOVAL SR

Street Address (P.O. Box Number is Not Acceptable): 11532 SW 6th TERR

City: MIAMI FL Zip Code: 33174

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE	PRESIDENT.
NAME	IGOR. A. SANDOVAL
STREET ADDRESS	11532 SW. 6th TERR
CITY-ST-ZIP	MIAMI FL. 33174
TITLE	VICE PRESIDENT
NAME	BETTY I. SANDOVAL
STREET ADDRESS	11532 SW 6th TERR.
CITY-ST-ZIP	MIAMI. FL. 33174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	100006117551--8
NAME	-07/01/02--01031--013
STREET ADDRESS	****300.00 ****300.00
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: IGOR. A. SANDOVAL 05/06/02 305-283 5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Miami. 06/18/02

Attencion to Mr Justin M. Shivers.

Mr. Shievers. I had a conversation with you by Phone. Regarding my "Uniform Business Report." That I never Recieved this Mail. and I Talk to the Post office. giving them my complain abouth my Mail, that I've been having a Tot of Time Problem To get my Mail.

They did give me this Letter To Sended To you To See if is possible, Resolve my Silvation Regarding this Matter

I will appreciate you my help in this inconvenient. that I have

Thanks you goom help. "Enclosin A Cheet for $300° as you Told me.

Igor. A-Sandoval

PD I'll be colling you Soon -

Thanks

My Phone No 305-283 5551 Cell.