

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000113427

1. Entity Name

AMIGOS TAXI, INC.

Principal Place of Business

Mailing Address

785 A ROAD
LABELLE FL 33935

785 A ROAD
LABELLE FL 33935

2. Principal Place of Business

3. Mailing Address

4269 S. SR 29

P.O. Box 338

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Labelle, FL

Immokalee, FL

Zip

Country

Zip

Country

33935

USA

34143

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LUNA, ANGEL M
785 A ROAD
LABELLE FL 33935

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

Angel M. Luna

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6/11/01

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, 2001 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 PD ☐ Delete
NAME LUNA, ANGEL M
STREET ADDRESS 785 A ROAD
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME LUNA, ADAN
STREET ADDRESS 785 A ROAD
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME LUNA, ALMA
STREET ADDRESS 785 A ROAD
CITY-ST-ZIP LABELLE FL 33935

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME LUNA, LIDIA
STREET ADDRESS 785 A ROAD
CITY-ST-ZIP LABELLE FL 33935

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

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:

Angel M. Luna

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

6/11/01

FILED
Jun 15, 2001 8:00 am
Secretary of State
06-15-2001 90170 036 ***550.00



DO NOT WRITE IN THIS SPACE