2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 16, 2002 8:00 am \$ Secretary of State P00000113427 DOCUMENT # 1. Entity Name 04-16-2002 90176 028 ***150.00 AMIGOS TAXI, INC. Mailing Address Principal Place of Business P.O./ BOX 338 4269 S SR 29 IMMOKALEE FL 34143 LABELLE FL 33935 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUNA, ANGEL M Street Address (P.O. Box Number is Not Acceptable) 785 A ROAD LABELLE FL 33935 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME LUNA. ANGEL M STREET ADDRESS **785 A ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 Change Addition TITLE ☐ Delete TITLE **VP** LUNA, ADAN NAME NAME STREET ADDRESS STREET ADDRESS 785 A ROAD CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 ☐ Change ☐ Addition TITLE ☐ Delete TITLE S NAME NAME LUNA, ALMA STREET ADDRESS STREET ADDRESS **785 A ROAD** CITY-ST-ZIP CITY-ST-ZIP LABELLE FL 33935 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME LUNA, LIDIA STREET ADDRESS STREET ADDRESS **785 A ROAD** CITY-ST-ZIP CITY-ST-7IP LABELLE FL 33935 ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 attactment with an address, with all other like empowered.

FILED