2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT

P00000113427

1. Entity Name
AMIGOS TAXI, INC.



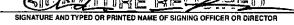
FILED Mar 20, 2003 8:00 am Secretary of State

03-20-2003 90130 016 ***150.00

Suite Apt. #, etc Suite Applies Dec. #, etc Suite Appl	Principal Place of Business 4269 S SR 29 ŁABELLE FL 33935		Mailing Address P.O./ BOX 338 IMMOKALEE FL 34143								
City & State Country Country City S. Certificate of Status Desired S. S. 75 Additional Fee Required S. Rorad LUNA, ANGEL M 785 A ROAD LABELLE Ft. 33935 City FL City City FL City FL City City FL City City FL City FL City FL City FL City FL City FL City City City City FL City City City FL City	2. Principal F	Place of Business	3. Mailing Address							 	
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TREE ADDRESS Street Address (P.O. Box Number is Not Acceptable) City 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. OFFICIENS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITIE PO UNA, ANGEL M SWEET ADDRESS OITY-ST-2P UNA, ADAN STREET ADDRESS OITY-ST-2P ABELLE FL 33935 OITY-ST-2P ABELLE					Name						
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SIGNATURE Signature, hyber or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) DATE				-	City			FL	Zip Cod	e	
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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	12. I hereby o	certify that the information supplied with	h this filing does not qualify for t	the exem	ption state	d in Section	119.07(3)(i), Florida Statutes, Lifurtha	er certify	that the ir	formation	

12. I nereby 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:



3/17/03 (863) 675-1300