

**FILED**  
**Jul 10, 2002 8:00 am**  
**Secretary of State**

05-10-2002 90036 001 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000008891

1. Entity Name  
ANDY TAXI, CORP. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
198 NW 79th St  
Suite, Apt. #, etc.

3. Mailing Address  
SAME  
Suite, Apt. #, etc.

City & State  
MIAMI FL  
Zip  
33150 Country  
USA

City & State  
Zip Country

4. FEI Number  
APPLIED FOR ☒ Applied For  
Not Applicable

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

**38464**

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7. Name and Address of Current Registered Agent  
Name JOEL LUBRW  
Street Address (P.O. Box Number is Not Acceptable)  
198 NW 79th St  
City MIAMI FL Zip Code 33150

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 [Signature] (NOTE: Registered Agent Signature required when renewing) DATE

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 \$81.25  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

**OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>President</u> <u>NEIL GREENBAUM</u> <u>19602 TURNBERRY WAY APT</u>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<u>PHL</u> <u>Adventures, FL 33064</u>
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**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: Neil Greenbaum Pres Date 4/29/02  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E0348 (12/01)