2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2002 8:00 am
Secretary of State
04-18-2002 90457 005 ***150.00

DOCUMENT # P01000025067

1. Entity Name
MIAMI BEACH TAXI SERVICES, INC.

Principal Place of Business
200 BISCAYNE BLVD. WAY. STE. 10-A
MIAMI FL 33131

Mailing Address
200 BISCAYNE BLVD. WAY. STE. 10-A
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 901 N.W. 7th CT
Suite, Apt. #, etc.: 5
City & State: MIAMI FL 33136
Zip: 33136 Country:

3. Mailing Address: 901 N.W. 7th CT
Suite, Apt. #, etc.: 5
City & State: MIAMI FL
Zip: 33136 Country:

4. FEI Number: ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**
ROGERS, STEPHANIE
7850 NW 146TH ST., STE. 418
MIAMI LAKES FL 33016
DF

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

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, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	DPT RODRIGUEZ, JESUS 200 BISCAYNE BLVD. WAY, STE. 10-A MIAMI FL 33131 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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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: Jesus M. Rodriguez 04-09-02 (305) 310 7337
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)