2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 21, 2002 8:00 am Secretary of State DOCUMENT # P01000057120 1. Entity Name 05-21-2002 91126 021 ***150.00 BROWARD TAXI SERVICE, INC. Mailing Address Principal Place of Business 6560 NW 13TH CT. 6560 NW 13TH CT. PLANTATION FL 33313 PLANTATION FL 33313 2. Principal Place of Business 3. Mailing Address P.O. BOX 17742 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Plantation, Fla Not Applicable \$8,75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROBERT NOCHELLA, JOSEPH G Street Address (P.O. Box Number is Not Acceptable) 6560 NW 13TH CT. 6554 N.W. 13th COURT PLANTATION FL 33313 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 4-28-2002 (NOTE: Registered Agent signature required when reinstating) Hed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRES, TRES TITLE ☐ Delete NAME NAME DE SANTI, ROBERT STREET ADDRESS STREET ADDRESS 6560 NW 13TH CT. CITY-ST-ZIP CITY-ST-ZIP **PLANTATION FL 33313** V-16369, Sec Change ☐ Addition Delete TITLE NAME NAME NOCHELLA, JOSEPH G STREET ADDRESS STREET ADDRESS 6560 NW 13TH CT. CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33313 Change ■ Addition ☐ Delete TITLE TITLE NAME 6564 N.W. 13 th COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Font. LAUDERDALE, Fla. 332 ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP



CR2E034 (9/01)