

6/13

FILED
Jul 14, 2002 8:00 am
Secretary of State

06-13-2002 90386 012 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000109417

1. Entity Name

LEO'S CAB CORPORATION

DO NOT WRITE IN THIS SPACE

97107

2. Principal Place of Business

6790 NW 186TH ST

3. Mailing Address

6790 NW 186TH ST

Suite, Apt. #, etc.

#209

Suite, Apt. #, etc.

#209

City & State

MIAMI LAKES, FLORIDA

City & State

MIAMI LAKES, FLORIDA

4. FEI Number

01-0572629

Applied For

Not Applicable

Zip

33015

Country

Zip

33015

Country

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name

HERMES E LOPEZ-

* Street Address (P.O. Box Number is Not Acceptable)

6790 NW 186TH ST, #209

City

MIAMI LAKES

FL

Zip Code

33015

DO NOT WRITE
IN THIS SPACE

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)

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$650.00

Amended UBR is \$61.25

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LOPEZ, HERMES E 6790 NW 186TH ST, #209 MIAMI LAKES, FL 33015	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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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)(f), 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:

Hermes E. Lopez

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

07/09/02 786-277-2480

Date

Daytime Phone #

CR2E0348 (12/01)

Attachment

9-7/107

#P0100010947

May 24, 2002

Florida Department of State
Division of Corporation
Tallahassee, Florida

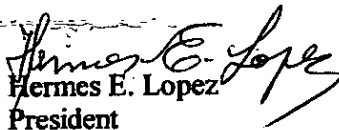
Re: Leo's Cab Corporation
Uniform Business Report for 2002

To Whom It May Concern:

Enclosed are the 2002 Uniform Business Report and a check in the amount of \$150 payable to the Department of State for the above-mentioned corporation. I understand there is a penalty for filing the form after May 1st, but please take into consideration that the corporation never received the pre-printed form your office. I respectfully request that the penalty be waived, as this is the first time that we are required to file this form and again, your office never sent the form.

We thank you in advance for helping us with this matter.

Respectfully,


Hermes E. Lopez
President