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03 JUN -6 AM 11:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P02000064577			
1. Entity Name GLORY CAB INC.			
Principal Place of Business 7325 NORTH MIAMI AVENUE MIAMI, FL 33150		Mailing Address 7325 NORTH MIAMI AVENUE MIAMI, FL 33150	
2. Principal Place of Business 7325 N. Miami Ave		3. Mailing Address MEUS Power	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI FL		City & State MIAMI - FL	
Zip 33150		Zip 33161	
Country DADE		Country DADE	
5. Name and Address of Current Registered Agent JEAN YVES 11271 SW 177 STREET MIAMI, FL 33167		7. Name and Address of New Registered Agent Name: MEUS Power Street Address (P.O. Box Number is Not Acceptable) 545 N.E. 121 St City: MIAMI FL Zip Code: 33181	
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: <u>Meus Power</u> DATE: <u>5/30/03</u> Signature, printed or printed name of registered agent and ZIP if applicable. (NOTE: Registered Agent Signature required when submitting)			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES MEUS, POWER SR. 6630 MONROE STREET HOLLYWOOD, FL 33023	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. MEUS Power SR. 545 N.E. 121 St MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SEC. JEAN, YVES 11271 SW 177 STREET MIAMI, FL 33167	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ACED ALEXIS 11120 Spinfeld Pl. corpea city 33026
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREA CHERY, CARLO 230 NE 117 STREET MIAMI, FL 33161	TITLE NAME STREET ADDRESS CITY-ST-ZIP	600020760696 06/10/03--01088--019 ** 60.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Joseph-F. Petit-Frère 174 NW 98 St MIAMI FL 33150
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec PHANOL D. Paul 1620 NW 128 St MIAMI FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Petit-Fond, Jean-Gabriel 1180 NW 120 St MIAMI FL 33168
12. 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 807, 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: <u>Meus Power</u>		Date: <u>5/30/03</u>	
SIGNATURE AND PRINTED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

CPR0304 (10/02)

7/6/6