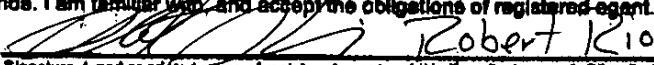
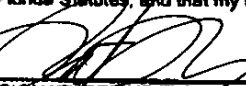


FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90010 031 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P05000088834			
1. Entity Name			
HOMESTEAD YELLOW TAXI, INC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Mailing Address	
4139 N E 30 STREET			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
HOMESTEAD, FL			
Zip	Country	Zip	Country
33033			
		4. FEI Number	
		20-3008672	
		Applied For	
		☐ Not Applicable	
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name			
ROBERT RIOS			
Street Address (P.O. Box Number is Not Acceptable)			
4139 N E 30 STREET			
City		FL	Zip Code
HOMESTEAD			33033
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		DATE	
		3/18/08	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$500.00 Amended UBR is \$81.25 Make check payable to Florida Department of State.		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	TITLE	NAME
STREET ADDRESS	RIOS, ROBERT	STREET ADDRESS	
CITY-ST-ZIP	4139 N E 30 STREET	CITY-ST-ZIP	
	HOMESTEAD, FL 33033		
TITLE	NAME	TITLE	NAME
STREET ADDRESS	RIOS, NORMA	STREET ADDRESS	
CITY-ST-ZIP	4139 N E 30 STREET	CITY-ST-ZIP	
	HOMESTEAD, FL 33033		
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	NAME	TITLE	NAME
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
12. 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 10 or on an attachment with an address, with all other like empowered.			
SIGNATURE		DATE	
		3/18/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	
ROBERT RIOS		305 562 4151	

40056370

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE