MAR-14-2008 09:22 PM

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

40056370

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: HOMESTEAD, FL	City & State
Zip: 33033 / Country	Zip / Country

4. FEI Number: 20-3009872 ☐ Applied For ☐ Not Applicable

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: ROBERT RIOS

Street Address (P.O. Box Number is Not Acceptable): 4139 N E 30 STREET

City: HOMESTEAD FL Zip Code: 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: Robert Rios 3/18/08

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $600.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	RIOS, ROBERT
STREET ADDRESS	4139 N E 30 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	V
NAME	RIOS, NORMA
STREET ADDRESS	4139 N E 30 STREET
CITY-ST-ZIP	HOMESTEAD, FL 33033
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11.

DO NOT WRITE IN THIS SPACE

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: ROBERT RIOS 3/18/08 3055624151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #