

FOR PROFIT CORPORATION ANNUAL REPORT

For Office Use Only
DO NOT WRITE IN THIS SPACE

DOCUMENT # 909000057932

1. Entity Name

ORLANDO YELLOW CAB, INC



11 MAY 24 PM 4:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business - No P.O. Box #

1735 NE 142 ST

3. Mailing Address

1735 NE 142ND ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CR2E034B (1/11)

City & State

MIAMI FL

City & State

MIAMI, FL

4. FEI Number

27-2774882

Applied For

☒ Not Applicable

Zip

33181

Country

USA

Zip

33181

Country

USA

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

A. M. G. GROUP, INC

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

1735 NE 142 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

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-instating)

5/10/11
DATE

January 1 - May 1: Fee is \$150.00

After May 1: Fee is \$650.00

Amended AR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐

\$5.00 May Be

Trust Fund Contribution.

Added to Fees

E-mail Address:

DAWOOD@AMG66LOUP.US

E-mail address to be used for future annual report notices

10. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D VP
A. M. G. GROUP, INC
1735 NE 142 ST
MIAMI, FL 33181

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

600207202356
05/04/11--01011--022 **150.00

DO NOT WRITE
IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/11/11

DATE

786-229-7861

Daytime Phone #