

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90152 045 ***150.00

DOCUMENT # P92000009016

1. Entity Name

MEDLEY TAXI CORPORATION

Principal Place of Business

8009 NW 36 ST
 #215
 MIAMI FL 33166
 US

Mailing Address

6009 NW 36 ST
 #215
 MIAMI FL 33166-3330
 US

2. Principal Place of Business

895 S.W. 127 CT

Suite, Apt. #, etc.

3. Mailing Address

895 S.W. 127 CT

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

MIAMI- FL-

City & State

MIAMI- FL-

4. FEI Number

65-0383589

Applied For

Not Applicable

Zip

33184

Country

USA

Zip

33184

Country

U.S.A

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ORESTES
 9420 SW 37 ST
 MIAMI FL 33165

7. Name and Address of New Registered Agent

Name **ORMAZABAL DELFIDA**

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

895 S.W. 127 CT

City MIAMI-

FL

Zip Code 33184

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

[Handwritten Signature]

04-11-00

Signature, typed or printed name of registered agent and title (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)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
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 PD Delete
 NAME IGLESIAS, ORESTES
 STREET ADDRESS 8009 NW 36 ST #215
 CITY-ST-ZIP MIAMI FL 33166

TITLE VD Delete
 NAME ORMAZABAL, SERGIO M
 STREET ADDRESS 8009 NW 36 ST #215
 CITY-ST-ZIP MIAMI FL 33166

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Handwritten Signature]* SERGIO ORMAZABAL 04-11-00 - 305-889-1111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #