FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE: X

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TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 06, 2001 8:00 am DOCUMENT # P92000012017 Secretary of State FRIENDLY CHECKER CAB CO., INC. 03-06-2001 90292 045 ***150.00 Mailing Address Principal Place of Business 2223 PEMBROKE ROAD 2223 PEMBROKE ROAD PARAMORT HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0395333 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAUCELLA, HOWARD G. CARRIER, HENRY Street Address (P.O. Box Number is Not Acceptable) 2223 PEMBROKE ROAD 2223 Pembroke Road HOLLYWOOD FL 33920 City 33020 Hollywood for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity subr Howard - G. Laucella (NOTE: Registered Agent signature required when reinstating) 2/28/2001 SIGNATURE name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change Addition TITLE Delete TITLE Laucella, Howard G. CARRIER HENRY NAME NAME 2223 Pembroke Road STREET ADDRESS 2223 PEMBROKE ROAD STREET ADDRESS Hollywood, FL 33020 CITY-ST-ZIE CITY-ST-ZIP HOLLYWOOD FL 33020 TITLE Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP11 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information study and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director oxigled to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with all other like empowered. I hereby certify that the information supplied with indicated on this report or supplied intal report. of the corporation or the rece trustee e

* Howard G. Laucella