

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90049 018 ***150.00

NOTING. AV

DOCUMENT # P93000014819

1. Entity Name

DIAL A CAB, INC.

Principal Place of Business

**3900 GALT OCEAN DRIVE
APT. 206
FORT LAUDERDALE FL 33308**

Mailing Address

**3900 GALT OCEAN DRIVE
APT. 206
FORT LAUDERDALE FL 33308**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0395398

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DEMAIO, ANNA**3900 GALT OCEAN DRIVE
APT. 206****FORT LAUDERDALE FL 33308**

Name

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

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if 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, 2002 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
	PSTD			
	DEMAIO, ANNA			
	3900 GALT OCEAN DRIVE, APT. 206			
	FORT LAUDERDALE FL 33308			
	VPD			
	GENNARO, DEMARIO			
	3900 GALT OCEAN DRIVE, APT. 206			
	FORT LAUDERDALE FL 33308			
	D			
	ANTONELLO, GRACE			
	3328 NE 11 AVE			
	FORT LAUDERDALE FL 33334			

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)