

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am
Secretary of State

05-14-2001 90199 012 ***150.00

DOCUMENT # P94000028408

1. Entity Name
MR. TAXI SERVICES, INC.

Principal Place of Business

**1805 SANS SOUCI BLVD
505
MIAMI FL 33181
US**

Mailing Address

**P.O. BOX 350704
MIAMI FL 33125
US**

2. Principal Place of Business

976 NW 6 ST

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#3

City & State

MIAMI, FL

City & State

4. FEI Number **65-0481088**

Applied For

Not Applicable

Zip

33136

Country

MIAMI-DODE

Zip

Country

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

**ARRAZCAETA, RAMON DE JESUS
4111 NW 37 AVE
B-216
MIAMI FL 33142**

Name

ARRAZCAETA RAMON DE JESUS

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

976 NW 6 ST #3

City

MIAMI FL 33136

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. ☐

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 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 **D** ☒ Delete
NAME **ARRAZCAETA, RAMON DE JESUS**
STREET ADDRESS **4111 NW 37 AVE., B-216**
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **D** ☐ Change ☐ Addition
NAME **RAMON ARRAZCAETA**
STREET ADDRESS **976 NW 6 ST**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE **TS** ☒ Delete
NAME **GARCIA, MARTHA**
STREET ADDRESS **134 EAST 9TH #9**
CITY-ST-ZIP **HALEAH FL 33010**

TITLE **TS** ☐ Change ☐ Addition
NAME **MARTHA GARCIA**
STREET ADDRESS **976 NW 6 ST**
CITY-ST-ZIP **MIAMI FL 33136**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)