

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000016369

1. Entity Name

EXPRESS TAXI CORPORATION

FILED
May 31, 2000 8:00 am
Secretary of State

05-31-2000 90012 030 ***158.75

Principal Place of Business Mailing Address
2000 N. FLORIDA MANGO ROAD 2000 N. FLORIDA MANGO ROAD
SUITE 108 SUITE 108
WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-6443

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 **65-0645629** 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

~~ODIAS, DAVID~~
2000 N. FLORIDA MANGO
SUITE 108
WEST PALM BEACH FL 33409

Name **Jesula Odias**
Street Address (P.O. Box Number is Not Acceptable)
2000 N. Florida Mango Rd suite 108
City **West Palm Beach** **FL** **33409**

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 *Jesula Odias* **Jesula Odias** *Jesula Odias* **2-18-00**
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, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing \$5.00 May Be
Trust Fund Contribution. ☐ Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **ST** ☐ Delete
NAME **ODIAS, JESULA**
STREET ADDRESS **346 GUAVA AVE., APT #B**
CITY-ST-ZIP **WEST PALM BEACH FL 33413**

TITLE **VP** ☐ Change ☐ Addition
NAME **David Odias**
STREET ADDRESS **2000 N. Florida Mango Rd #108**
CITY-ST-ZIP **West Palm Beach, FL 33413**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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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 live empowered.

SIGNATURE: *Jesula Odias* **Jesula Odias** **2-18-00**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)