

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000073159

1. Entity Name  
ALL AMERICAN TAXI, INC.

**FILED**  
**May 10, 2001 8:00 am**  
**Secretary of State**

05-10-2001 90170 047 \*\*\*150.00

Principal Place of Business  
905 N RAILROAD AVENUE  
WEST PALM BEACH FL 33401  
US

Mailing Address  
P.O. BOX 7047  
WEST PALM BEACH FL 33405  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 65-0694874

Applied For  
Not Applicable

Zip Country

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

ROSENBERG, ROBERT  
1433 HILLCREST DR  
LAKE WORTH FL 33461

1407 HILLCREST DR

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, 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 PT  
NAME ROSENBERG, ROBERT  
STREET ADDRESS 1433 HILLCREST DR  
CITY-ST-ZIP WEST PALM BEACH FL 33461

TITLE  
NAME  
STREET ADDRESS 1407 HILLCREST DR  
CITY-ST-ZIP

TITLE VS  
NAME ROSENBERG, MELANIE  
STREET ADDRESS 1433 HILLCREST DR.  
CITY-ST-ZIP LAKE WORTH FL 33460

TITLE  
NAME  
STREET ADDRESS 1407 Hillcrest DR  
CITY-ST-ZIP

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 so an attachment with an address, with all other like empowered.

SIGNATURE: Melanie M Rosenberg MELANIE M ROSENBERG 04-30-01 561-301-3181

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)