

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000106603

1. Entity Name
-FOOD TAXI, INC.

APPROVED
AND
FILED

00 JUN -5 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2625 BRITTANY LANE
KISSIMMEE FL 34746

Mailing Address
2625 BRITTANY LANE
KISSIMMEE FL 34746

2. Principal Place of Business
2724 CHATHAM CIRCLE

3. Mailing Address
2724 CHATHAM CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
KISSIMMEE, FL

City & State
KISSIMMEE, FL

4. FEI Number
59-3482089

Applied For
Not Applicable

Zip
34746

Country
OSCEOLA

Zip
34746

Country
OSCEOLA

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

AZEVEDO, JOAQUIM F
2625 BRITTANY LANE
KISSIMMEE FL 34746

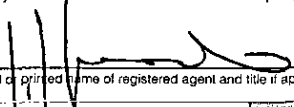
Name

Street Address (P.O. Box Number is Not Acceptable)
2724 CHATHAM CIRCLE

City
KISSIMMEE

FL Zip Code
34746

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.

AZEVEDO, JOAQUIM F

(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
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP
AZEVEDO, JOAQUIM F
2625 BRITTANY LANE
KISSIMMEE FL 34746

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
2724 CHATHAM CIRCLE
KISSIMMEE, FL 34746

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
100003291651--1
-06/15/00--01083--009
****158.75 ****158.75

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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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

AZEVEDO, JOAQUIM F

Date

Daytime Phone #

CR2E034 (9/99)