

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90256 018 ***150.00

DOCUMENT # P98000005772

1. Entity Name

SUPER YELLOW CAB CORPORATION

Principal Place of Business

**PO BOX 121
 WEST PALM BEACH FL 33402**

Mailing Address

**PO BOX 121
 WEST PALM BEACH FL 33402**

2. Principal Place of Business

PO BOX 121

Suite, Apt. #, etc.

WEST PALM BEACH

City & State

WEST PALM BEACH, FL

Zip

33402

Country

FL

3. Mailing Address

PO BOX 121

Suite, Apt. #, etc.

WEST PALM BEACH, FL

City & State

WEST PALM BEACH, FL

Zip

33402

Country

FL



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0807087

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**CIUS, JOSEPH Y - GEORGIA
 3900 GARCIA AVENUE UNIT 6
 WEST PALM BEACH FL 33405**

7. Name and Address of New Registered Agent

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

TITLE **P**
 NAME **CLUS, JOSEPH - GEORGIA** ☐ Delete
 STREET ADDRESS **3900 GARCIA AVENUE UNIT 6**
 CITY-ST-ZIP **WEST PALM BEACH FL 33405**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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 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 information.

SIGNATURE:

Signature Required
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/2002 (561) 838-8888
 Date Daytime Phone #

CR2E034 (9/01)