

2000 UNIFORM BUSINESS REPORT (UBR)

pg. 1 of 2

FILED

00 APR 25 PM 2:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P99000071114

1. Entity Name

TOWN TAXI, INC.

Principal Place of Business

Mailing Address

P.O. BOX 24525
OAKLAND PARK FL 33307

P.O. BOX 24525
OAKLAND PARK FL 33307-4525

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

65-0946807

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

DEMAIO, FRANK
3281 N.E. 6TH AVE.
OAKLAND PARK FL 33334

Name VICTOR LERRO

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

2600 N. MILITARY TRAIL

Suite 230

City BOCA RATON

FL

Zip Code 33431

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]

VICTOR LERRO

1/20/00

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 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	DEMAIO, FRANK	
STREET ADDRESS	3281 N.E. 6TH AVE.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P. D	☐ Change ☒ Addition
NAME	FRANCIS R BONNER	
STREET ADDRESS	1028 N.E. 35TH STREET	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE	Secy, D	☐ Change ☒ Addition
NAME	STEWART S GOLDEN	
STREET ADDRESS	P.O. BOX 24525	
CITY-ST-ZIP	OAKLAND PARK, FL 33307	
TITLE	8000003229798	☐ Change ☐ Addition
NAME	-04/28/00--01111--015	
STREET ADDRESS	****150.00 ****150.00	
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/00

Date

561-995-0064

Daytime Phone #

CR2F034 (9/99)

☒ Yes, I wish to participate in the Guaranteed Corporation Annual Report Program.

Or

☐ No, I do not wish to participate and I will assume responsibility for the timely filing and payment of this annual report.

Special Power of Attorney

I, F.R. BONNER, President of Town Taxi, Inc., hereby grant to my Agent, Victor Lerro of Victor Lerro & Company PA the right to prepare and sign in the signature area the Florida Department of State Profit Corporation Annual Report on behalf of Town Taxi, Inc... This Power of Attorney shall become effective immediately, and shall continue until revoked by me in writing.

F.R. BONNER
Signature

PRESIDENT
Title

11/4/89
Date

F.R. BONNER
Printed name