

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 12, 2001 08:00 AM**
Secretary of State**DOCUMENT # P99000071114**1. Entity Name
TOWN TAXI, INC.

Principal Place of Business	Mailing Address
P.O. BOX 24525	P.O. BOX 24525
OAKLAND PARK FL 33307	OAKLAND PARK FL 33307

2. Principal Place of Business	3. Mailing Address
10 NW 40 CT	

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
OAKLAND PARK FL	

Zip	Country	Zip	Country
33309			

4. FEI Number	Applied For
65-0946807	Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentLERRO VICTOR
2600 N. MILITARY TRAIL
SUITE 230
BOCA RATON FL 33431 US**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 _____ DATE **04/12/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)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 State10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	SD	☒ Delete
NAME	GOLDEN STEWART S	
STREET ADDRESS	P.O. BOX 24525	
CITY-ST-ZIP	OAKLAND PARK FL 33307	
TITLE	PD	☐ Delete
NAME	BONNER FRANCIS R	
STREET ADDRESS	1028 N.E. 35TH STREET	
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		

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
NAME	
STREET ADDRESS	
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: F BONNER

P

04/12/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)