

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000077152

1. Entity Name
TAXI ONLINE, INC.

FILED
Feb 28, 2000 8:00 am
Secretary of State

02-28-2000 90189 028 ***163.75

Principal Place of Business Mailing Address
2075 N.E. 164TH STREET SUITE 603 NMIAMI BEACH FL 33162 2075 N.E. 164TH STREET SUITE 603 NMIAMI BEACH FL 33162-4144



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
6595 NW 36 ST 6595 NW 36 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
305-1 305-1

City & State City & State
MIAMI FL MIAMI FL
Zip Country Zip Country
33166 USA 33166 USA

4. FEI Number 65-0946175 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent
CASTRO, ROCIO
2075 N.E. 164TH STREET
SUITE 603
NMIAMI BEACH FL 33162

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 _____ (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 | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CASTRO, ROCIO | | NAME | | |
| STREET ADDRESS | 2075 N.E. 164TH STREET SUITE 603 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NMIAMI BEACH FL 33162 | | CITY-ST-ZIP | | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ZUNIGA, DORIS | | NAME | | |
| STREET ADDRESS | 2075 N.E. 164TH STREET SUITE 603 | | STREET ADDRESS | | |
| CITY-ST-ZIP | NMIAMI BEACH FL 33162 | | CITY-ST-ZIP | | |
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| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | 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: ROCIO CASTRO 02-28-00 305-987-9977
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)