

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # V14794

1. Entity Name
UNITED TAXI SERVICES, INC.



Principal Place of Business

4218 SW 9TH ST
MIAMI, FL 33134 US

Mailing Address

4218 SW 9TH ST
MIAMI, FL 33134 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

10302006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-0389400

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GONZALEZ, ANTONIO
4218 SW 9TH ST
MIAMI, FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and state if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution: ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME GONZALEZ, ANTONIO
STREET ADDRESS 4218 SW 9TH ST
CITY-STATE-ZIP MIAMI, FL 33134

TITLE VD ☐ Delete
NAME GONZALEZ, JOHN A
STREET ADDRESS 4218 SW 9TH ST
CITY-STATE-ZIP MIAMI, FL 33134

TITLE STD ☒ Delete
NAME GONZALEZ, CHARLES A
STREET ADDRESS 4218 SW 9TH ST
CITY-STATE-ZIP MIAMI, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition
000081434890
11/01/06--01046--005 **61.25

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

10/30/2006

Date

Daytime Phone #