

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003237

FILED  
Apr 17, 2012  
Secretary of State

**Entity Name:** NEW VISION TAXI DRIVERS ASSOCIATION OF MIAMI, INC.

**Current Principal Place of Business:**

20401 NW 2ND AVE  
202  
MIAMI GARDENS, FL 33169

**New Principal Place of Business:**

693 NE 167TH STREET  
NONE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

P O BOX 640066  
MIAMI, FL 33164

**New Mailing Address:**

**FEI Number:** 20-4463692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FRANCIOS, RAYMOND  
7134 N W 1ST AVE  
MIAMI, FL 33150 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: CEAC, PIERRE  
Address: 2001 N W 32ND ST  
City-St-Zip: MIAMI, FL 33142 US

Title: TS  
Name: CHERVIL, EMMANUEL  
Address: 11000 NE 3RD AVENUE  
City-St-Zip: MIAMI, FL 33161 US

Title: TT  
Name: EVARISTE, MORRIS M  
Address: 19730 NW 6TH PLACE  
City-St-Zip: MIAMI, FL 33169 US

Title: D  
Name: FRANCOIS, RAYMOND  
Address: 11970 N E 16TH AVE  
City-St-Zip: MIAMI, FL 33161 US

Title: TA  
Name: LAMOUR, JEAN-EDNER  
Address: 2421 DESOTO DR.  
City-St-Zip: MIRAMA, FL 33023 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RAYMOND FRANCOIS

D

04/17/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date