

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 22, 2000 8:00 am
Secretary of State

03-22-2000 90218 003 ****61.25

DOCUMENT # N15276

1. Entity Name

SOUTH FLORIDA TAXICAB ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O GILBERTO HERNANDEZ
851 E. 16TH PLACE
HIALEAH FL 33010
US

C/O GILBERTO HERNANDEZ
851 E. 16TH PLACE
HIALEAH FL 33010-3347
US

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

59-2692746

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

HERNANDEZ, GILBERTO
851 E. 16TH PLACE
HIALEAH FL 33010

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ~~STD~~ ☒ Delete
NAME ~~SOHIL ANWAR~~
STREET ADDRESS ~~9775 NW 36 ST~~
CITY-ST-ZIP ~~MIAMI FL~~

TITLE **V** ☒ Change ☐ Addition
NAME **SCHLOSSBERG, JEROME**
STREET ADDRESS **871 N.E. 160 Terr**
CITY-ST-ZIP **N. Miami Beach, Fl.**

TITLE **D** ☒ Delete
NAME **DIEGO, FELICIANO**
STREET ADDRESS **5507 FILLMORE STREET**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **P** ☒ Change ☐ Addition
NAME **FELICIANO, DIEGO**
STREET ADDRESS **5507 Fillmore Street**
CITY-ST-ZIP **Hollywood, Fl**

TITLE **VD** ☒ Delete
NAME **HERNANDEZ, GILBERTO**
STREET ADDRESS **851 E. 16TH PLACE**
CITY-ST-ZIP **HIALEAH FL**

TITLE **T** ☐ Change ☒ Addition
NAME **MOSKOWITZ, JERRY**
STREET ADDRESS **2284 N.W. 36th Street**
CITY-ST-ZIP **Miami FL 33142**

TITLE **D** ☒ Delete
NAME **SCHLOSSBERG, JEROME**
STREET ADDRESS **871 NE 160 TERRACE**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **S** ☐ Change ☒ Addition
NAME **PUENTE, ROBERTO**
STREET ADDRESS **675- N.E. Ives Dairy Road**
CITY-ST-ZIP **N.M. Beach FL 33179**

TITLE ~~PD~~ ☒ Delete
NAME ~~ZALIA MORRIS~~
STREET ADDRESS ~~2441 NE 201ST ST~~
CITY-ST-ZIP ~~MIAMI BEACH FL~~

TITLE **D** ☐ Change ☒ Addition
NAME **TROJESKY, SZYMON**
STREET ADDRESS **2812 N.W. 35th Street**
CITY-ST-ZIP **Miami FL 33142**

TITLE **D** ☐ Delete
NAME **GONZALEZ, RUDY**
STREET ADDRESS **3620 N.W. 22 Avenue**
CITY-ST-ZIP **Miami, Fl. 33142**

TITLE **D** ☐ Change ☒ Addition
NAME **PIERRE-LOUIS, FERNAND**
STREET ADDRESS **3111 N.W. 27th Avenue**
CITY-ST-ZIP **Miami, Fl. 33142**

12. 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 617, 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:

REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3,17,00

CR2E037 (9/99)

-Attachment
00043998

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Make Check Payable to
Department of State

ADDITIONS/ DIRECTORS

Gilberto Hernandez R/D
851-E 16th Pl
Hialeah FL 33010

Shwasman, Boris. Director
740-Alton Road
Miami Beach FL 33139