

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90111 016 \*\*\*61.25

**DOCUMENT # N15276**

1. Entity Name

**SOUTH FLORIDA TAXICAB ASSOCIATION, INC.**



Principal Place of Business

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

Mailing Address

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

☐ CHECK HERE IF MAKING CHANGES

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MOSKOWITZ, JERRY  
2284 NW 36TH ST  
MIAMI FL 33142** ☐ Delete

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

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

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

S  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PUENTE, ROBERTO  
675 NE IVES DAIRY RD  
N MIAMI BEACH FL 33179** ☐ Delete

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

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

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

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**TROJESKY, SZYMON  
2812 NW 35TH ST  
MIAMI FL 33142** ☐ Delete

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

D  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PIERRE-LOUIS, FERNAND  
3111 NW 27TH AVE  
MIAMI FL 33142** ☐ Delete

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

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:

**FELICIANO**

3/10/03

305-712-4142

CR2E037 (10/02)