

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 16, 2000 8:00 am**  
**Secretary of State**

02-16-2000 90032 011 \*\*\*158.75

**DOCUMENT # P98000066115**

1. Entity Name  
**JERRY'S CAB COMPANY**

Principal Place of Business 2284 NW 36TH ST. MIAMI FL 33142		Mailing Address 2284 NW 36TH ST. MIAMI FL 33142-5358	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-0908663</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent		
<b>MOSKOWITZ, JERRY</b> <b>11556 NW 49TH CT.</b> <b>CORAL SPRINGS FL 33076</b>		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City		
		State <b>FL</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<b>P</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSKOWITZ, JERRY</b>	NAME	<b>HELEN MOSKOWITZ</b>
STREET ADDRESS	<b>11550 NW 49TH CT.</b>	STREET ADDRESS	<b>3650 NW 169 ST</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	CITY-ST-ZIP	<b>NMB FLA 33160</b>
TITLE	<b>V</b> <input checked="" type="checkbox"/> Delete	TITLE	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSKOWITZ, JO GRACE</b>	NAME	<b>JERRY MOSKOWITZ</b>
STREET ADDRESS	<b>11550 NW 49TH CT.</b>	STREET ADDRESS	<b>11550 NW 49th Ct.</b>
CITY-ST-ZIP	<b>CORAL SPRINGS FL</b>	CITY-ST-ZIP	<b>CORAL SPRINGS FL 33076</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *[Signature]* DATE: 1/4/00 DAYTIME PHONE #: (305) 6332227

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)