

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15276

**Entity Name:** SOUTH FLORIDA TAXICAB ASSOCIATION, INC.**Current Principal Place of Business:**5507 FILLMORE STREET  
HOLLYWOOD, FL 33021**Current Mailing Address:**5507 FILLMORE STREET  
HOLLYWOOD, FL 33021 US**FEI Number:** 59-2692746**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FELICIANO, DIEGO  
5507 FILLMORE STREET  
HOLLYWOOD, FL 33021 US*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**Officer/Director Detail :**

Title	T
Name	MOSKOWITZ, JERRY
Address	2284 NW 36TH ST
City-State-Zip:	MIAMI FL 33142

Title	PD
Name	FELICIANO, DIEGO
Address	5507 FILLMORE STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	D
Name	HERNANDEZ, GILBERTO
Address	851 E 16TH PLACE
City-State-Zip:	HIALEAH FL 33010

Title	VP
Name	SCHLOSSBERG, JEROME
Address	871 NE 160 TERRACE
City-State-Zip:	N MIAMI BEACH FL 33179

Title	D
Name	TROJESKY, SZYMON
Address	2812 NW 35TH ST
City-State-Zip:	MIAMI FL 33142

Title	D
Name	FERNAND, PIERRE-LOUIS
Address	3111 NW 27TH AVE
City-State-Zip:	MIAMI FL 33142

*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:** DIEGO FELICIANO

PD

03/14/2014

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date