

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G32782

**FILED**  
**Feb 08, 2019**  
**Secretary of State**  
**9323390180CC**

**Entity Name:** REPUBLIC CAB CO.

**Current Principal Place of Business:**

4218 S.W. 9 STREET  
MIAMI, FL 33134

**Current Mailing Address:**

4218 S.W. 9 STREET  
MIAMI, FL 33134

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ARANGO, MERCEDES G  
4218 S.W. 9TH STREET  
MIAMI, FL 33134 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 PD  
Name GONZALEZ ARANGO, MERCEDES  
Address 4218 S.W. 9 STREET  
City-State-Zip: MIAMI FL 33134

Title SD  
Name GONZALEZ, CHARLES A  
Address 4218 S.W. 9 STREET  
City-State-Zip: MIAMI FL 33134

Title TD  
Name GONZALEZ, JOHN A  
Address 4218 S.W. 9 STREET  
City-State-Zip: MIAMI FL 33134

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** MERCEDES ARANGO

**PRES**

**02/08/2019**

Electronic Signature of Signing Officer/Director Detail

Date