

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014510

1. Entity Name

THE JORDAN CAB COMPANY, L.L.C.

Principal Place of Business

10850 N.W. 27TH ST. #1-A
MIAMI FL 33172

Mailing Address

10850 N.W. 27TH ST. #1-A
MIAMI FL 33172

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

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HKE&F REGISTERED AGENT CORP.
2601 S. BAYSHORE DR., STE. 600
MIAMI FL 33133

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE ☐ Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **ALLEN LUNDY**
CITY-ST-ZIP **10850 N.W. 27 ST.**
MIAMI, FL. 33172

TITLE ☐ Change ☐ Addition
NAME **000003662860-0**
STREET ADDRESS **-02/09/01--01013--015**
CITY-ST-ZIP *******50.00 *****50.00**

TITLE ☐ Delete
NAME **MANAGING MEMBER**
STREET ADDRESS **BRUCE TARBELL**
CITY-ST-ZIP **10850 N.W. 27 ST.**
MIAMI, FL. 33172

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

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

FILED

01 FEB -2 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (11/00)