2001 UNIFORM BUSINESS REPORT (UBR

2001 UNIFURM BUSINESS KEPURI (UBK)									
DOCUMENT # L0000014510 1. Entity Name									
THE JORDAN CAB COMPANY, L.L.C.					FILED				
Principal Place of Business Mailing Address					4	01 FEB -2 AM 10: 05			
	27TH ST. #1-A	Mailing Address 10850 N.W. 27TH ST. #1-A MIAMI FL 33172				SECRETARY OF STATE TALEAHASSEE, FLORIDA			
						A DECEMBER DER GERFFE BERFFE BERFFE BERFFE BERFFE BERFFE BERFFE BEFFE BEFFE BERFFE BERFFE BEFFFE BEFFFE BEFFFE			
2. Principal f	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE			
City & State		City & State			4. FEII	4. FEI Number . Applied For Not Applicable			
Zip -	Country	Zip	Cour	ntry	5. Cert	ificate of Status Desired	\$5.00 Ad Fee Require		
	6. Name and Address of Current	Registered Agent		Name	:7:≈Nam	e and Address of New Register	ed Agent		
HKERE DECISTEDED AGENT CODD					(P.O. Box N	Number is Not Acceptable)			
2601 S. BAYSHORE DR., STE. 600 MIAMI FL 33133				Circle Address (F.C. Box Number is Not Acceptable)					
MIAMI FL	_ 33133	•		City	□				
8. The above named entity submits this statement for the purpose of changing its conictors.									
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 Pa							
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANG	SES		
TITLE NAME STREET ADDRESS	ALLEN LUNDY 10850 N.W. 27 ST	•	TITLE NAM Stre	_		000003662	-010130		
CITY-ST-ZIP	MIRMI, FL. 331		—	-ST-ZIP		*****50.00			
TITLE NAME STREET ADDRESS	MANAGING MEMBER BRUCE TERRELL 10850 N.W. 27 S		NAMI	E			Change	Addition	
CITY-ST-ZIP	MIAMI, FL. 331	72-	E.	-ST-ZIP		سيتيسمين إسهاريا بالمستعدد			
TITLE -NAME:	المعاربة المساورة الم	Delete .	TITLE		د ندیدهم		Change	Addition	
STREET ADDRESS CITY-ST-ZIP		<i>*</i>	STRE	ET ADDRESS -ST-ZIP					
TITLE NAME		☐ Delete	TITLE				☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP		. /			
-TITLE		☐ Delete	TITLE			M	☐ Change	☐ Addition	
STREET ADDRESS CITY ST-ZIP				ET ADDRESS					
TITLE \.		☐ Delete	TITLE	·ST-ZIP			☐ Change	Addition	
NAME STREET ADDRESS		/	NAME STREE	ET ADDRESS					
CITY-ST-ZIP	pertify that the information expolited with	this filing does not qualify for		ST-ZIP	ection 110 (37(9Vi) Florido Croudes 14 au	nortification at a 1		
11. I hereby certify that the information symplical with this filling 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 employeed to execute this report as required by Chapter 608, Florida Statutes.									
SIGNATURE: JOHN TOP PEOURED JOHN GOT SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Dayling Phone #									