

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M18894

FILED  
Apr 14, 2003  
Secretary of State

Entity Name: ASSOCIATED DIAMOND CAB RADIO SERVICES, INC.

**Current Principal Place of Business:**

140 N.W. 8TH AVENUE  
P.O. BOX 015479  
MIAMI, FL 33101

**New Principal Place of Business:**

**Current Mailing Address:**

140 N.W. 8TH AVENUE  
P.O. BOX 015479  
MIAMI, FL 33101

**New Mailing Address:**

FEI Number: 52-1408211      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

VIVES, HECTOR  
140 NW 8TH AVENUE  
MIAMI, FL 33128 US

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

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: YECHZKELL, GILAD  
Address: 140 N.W. 8TH AVE  
City-St-Zip: MIAMI, FL

Title: VD ( ) Delete  
Name: VIVES, HECTOR  
Address: 140 N.W. 8TH AVE  
City-St-Zip: MIAMI, FL

Title: STD ( ) Delete  
Name: ASSAD, THOMAS  
Address: 1670 LINCOLN CT., #7-D  
City-St-Zip: MIAMI BEACH, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: THOMAS ASSAD

STD

04/14/2003

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date