


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90050 016 ****61.25

| | | | | | |
|--|------------------------------------|---|--|--|--|
| DOCUMENT # N05000003237 1. Entity Name NEW VISION TAXI DRIVERS ASSOCIATION OF MIAMI, INC. | | | |  | |
| Principal Place of Business 7134 N W 1ST AVE MIAMI, FL 33150 | | | Mailing Address P O BOX 640066 MIAMI, FL 33164 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | | |
| 6. Name and Address of Current Registered Agent FRANCIOS, RAYMOND 7134 N W 1ST AVE MIAMI, FL 33150 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to: Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CEAC, PIERRE | | NAME | | |
| STREET ADDRESS | 2001 N W 32ND ST | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33142 | | CITY-ST-ZIP | | |
| TITLE | TS <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHERVIL, EMMANUEL | | NAME | | |
| STREET ADDRESS | 11000 NE 3RD AVENUE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33161 | | CITY-ST-ZIP | | |
| TITLE | TT <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | EVARISTE, MORRIS M | | NAME | | |
| STREET ADDRESS | 19730 NW 6TH PLACE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33169 | | CITY-ST-ZIP | | |
| TITLE | D <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | FRANCOIS, RAYMOND | | NAME | | |
| STREET ADDRESS | 11970 N E 16TH AVE | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33161 | | CITY-ST-ZIP | | |
| TITLE | TA <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | GARCON, LEONEL | | NAME | | |
| STREET ADDRESS | 3146 NW 66 STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | MIAMI, FL 33147 | | CITY-ST-ZIP | | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: RAYMOND FRANCOIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | 4-17-4 786-380-696 <small>Date Daytime Phone #</small> | | |