

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 28, 2002 8:00 am**  
**Secretary of State**

05-28-2002 91695 043 \*\*\*\*61.25

**DOCUMENT # N15276**

1. Entity Name

**SOUTH FLORIDA TAXICAB ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**C/O GILBERTO HERNANDEZ  
 851 E. 16TH PLACE  
 HIALEAH FL 33010  
 US**

**C/O GILBERTO HERNANDEZ  
 851 E. 16TH PLACE  
 HIALEAH FL 33010  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2692746**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, GILBERTO  
 851 E. 16TH PLACE  
 HIALEAH FL 33010**

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 \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T ☐ Delete  
**MOSKOWITZ, JERRY**  
**2284 NW 36TH ST**  
**MIAMI FL 33142**

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

P ☐ Delete  
**DIEGO, FELICIANO**  
**5507 FILLMORE STREET**  
**HOLLYWOOD FL**

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

S ☐ Delete  
**PUENTE, ROBERTO**  
**675 NE IVES DAIRY RD**  
**N MIAMI BEACH FL 33179**

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

V ☐ Delete  
**SCHLOSSBERG, JEROME**  
**871 NE 160 TERRACE**  
**N MIAMI BEACH FL**

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

D ☐ Delete  
**TROJESKY, SZYMON**  
**2812 NW 35TH ST**  
**MIAMI FL 33142**

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

D ☐ Delete  
**PIERRE-LOUIS, FERNAND**  
**3111 NW 27TH AVE**  
**MIAMI FL 33142**

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

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (9/01)