

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90004 029 ****61.25

DOCUMENT # N97000002029

1. Entity Name

AMERICAN PROFESSIONAL CAB DRIVERS OF BROWARD COU

R

Principal Place of Business

Mailing Address

**400 N ANDREW AVE.
 #203
 FT. LAUDERDALE FL 33301**

**1906 SSW 8 ST.
 FT. LAUDERDALE FL 33312**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0775034

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ESCALONA, ROBERT
 220-15 S.W. 66 AVE.
 BOCA RATON FL 33421**

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 **Escalona Robert**

Signature, typed or printed name of registered agent and title if applicable

Robert Escalona

(NOTE: Registered Agent signature required when reinstating)

May 24, 2000

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

TITLE	P	<input type="checkbox"/> Delete
NAME	CADET, GERLYN	
STREET ADDRESS	1906 S.W. 8 ST.	
CITY-ST-ZIP	FT. LAUDERDALE FL 33321	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PIERRE, FRANTZ	
STREET ADDRESS	4005 N UNIVERSITY DR #D 212	
CITY-ST-ZIP	SUNRISE CITY FL 33351	
TITLE	AD	<input type="checkbox"/> Delete
NAME	ESCALONA, ROBERT	
STREET ADDRESS	220-15 S.W. 66 AVE.	
CITY-ST-ZIP	BOCA RATON FL 33421	
TITLE	TR	<input type="checkbox"/> Delete
NAME	KAVANAGHT, DICKENS	
STREET ADDRESS	6505 EMERAL LAKE DR.	
CITY-ST-ZIP	HALLANDALE FL 33023	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: **GERLYN LESLIE CADET**

Signature, typed or printed name of signing officer or director

05-23-00

Date

Daytime Phone #

CR2E037 (9/99)