

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002029

1. Entity Name

AMERICAN PROFESSIONAL CAB DRIVERS OF BROWARD COU

(R)

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

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

Principal Place of Business

Mailing Address

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

1906 SSW 8 ST.
FT. LAUDERDALE FL 33312



DO NOT WRITE IN THIS SPACE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

May 24, 2000

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 ☐ Delete
NAME P
STREET ADDRESS CADET, GERLYN
CITY-ST-ZIP 1906 S.W. 8 ST.
FT. LAUDERDALE FL 33321

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

TITLE ☐ Delete
NAME SD
STREET ADDRESS PIERRE, FRANTZ
CITY-ST-ZIP 4005 N UNIVERSITY DR #D 212
SUNRISE CITY FL 33351

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

TITLE ☐ Delete
NAME AD
STREET ADDRESS ESCALONA, ROBERT
CITY-ST-ZIP 220-15 S.W. 66 AVE.
BOCA RATON FL 33421

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

TITLE ☐ Delete
NAME TR
STREET ADDRESS KAVANAGHT, DICKENS
CITY-ST-ZIP 6505 EMERAL LAKE DR.
HALLANDALE FL 33023

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05-23-00

CR2E037 (9/99)