

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000002029

1. Entity Name

AMERICAN PROFESSIONAL CAB DRIVERS OF BROWARD COU

FILED
Jun 20, 2001 8:00 am
Secretary of State

06-20-2001 90005 036 ****61.25

Principal Place of Business

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

Mailing Address

1906 SSW 8 ST.
FT. LAUDERDALE FL 33312

2. Principal Place of Business

8240 SW 11 HT STREET FL

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

NORHT LAUDERDALE FL

City & State

4. FEI Number

65-0775034

Applied For

Not Applicable

Zip
33068

Country
BROWARD COUNTY

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: *Robert Escalona*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

05-09-01

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

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

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

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

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

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: *Robert Escalona*

05-09-01

CR2E037 (10/00)