

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 03, 2000 8:00 am**  
**Secretary of State**

05-03-2000 90006 001 \*\*\*\*70.00

**DOCUMENT #** N98000000638  
**Entity Name**

**FREEDOM TAXI DRIVERS ASSOCIATION, INC**

**Principal Place of Business**      **Mailing Address**  
**6530 SW 46th St.**      **P.O.Box 972163**  
**Miami, FL 33155**      **Miami, FL 33197**

**A0048647**

**2. Principal Place of Business**      **3. Mailing Address**  
**6530 SW 46th Street**      **P.O.Box 972163**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Miami, Florida**      **Miami, Florida**  
 City & State      City & State  
**33155**      **33197**  
 Zip      Zip      Country      Country

DO NOT WRITE IN THIS SPACE

**4. FEI Number**      **Applied For**  
**65-0903721**      **Not Applicable**  
**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
**FERNANDO R. VILLACIS**  
**P.O. BOX 972163**  
**MIAMI, FLORIDA 33197**

**7. Name and Address of New Registered Agent**  
**Name**      **N/A**  
**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.**  
**FERNANDO R. VILLACIS**  
**SECRETARY**  
**FREEDOM TAXI DRIVERS ASSN.**  
**SIGNATURE**      **DATE**  
 Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent Signature required when reinstating.)      **FEB/26/00**

**9. Election Campaign Financing**      **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution      ☐      **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DIRECTOR PRESIDENTE	<input type="checkbox"/> Delete	TITLE	DIRECTOR PRESIDENTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGO RESTREPO		NAME	RODRIGO RESTREPO	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DIRECTOR VICE-PRESIDENTE	<input type="checkbox"/> Delete	TITLE	DIRECTOR VICEPRESIDENTE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RANDOLPH WYNNS		NAME	RANDOLPH WYNNS	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DIRECTOR TREASURER	<input type="checkbox"/> Delete	TITLE	DIRECTOR TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OMAR ESCOBAR		NAME	MARCO ARQUIJO	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	DIRECTOR SECRETARY	<input type="checkbox"/> Delete	TITLE	DIRECTOR SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERNANDO VILLACIS		NAME	FERNANDO VILLACIS	
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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		
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 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 entries.**  
**FERNANDO R. VILLACIS**  
**SECRETARY**  
**FREEDOM TAXI DRIVERS ASSN.**  
**SIGNATURE:**      **2/26/00 3059729382**

CR2E037 (9/99)