

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

1. Entry Name  
N980000000638

FREEDOM TAXI DRIVER ASSOCIATION, INC.

FILED

00 AUG 14 AM 8:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 18707 SW 100 Ave. Miami, FL 33157	Mailing Address P.O. BOX 972163 Miami, FL 33197
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2. Principal Place of Business 18707 SW 100 Ave Suite, Apt. #, etc.	3. Mailing Address P.O. BOX 972163 Suite, Apt. #, etc.
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City & State Miami FL	City & State Miami, FL
Zip 33157	Country USA

4. FEI Number 65-0903721	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FERNANDO R. VILLACIS  
18707 SW 100 Ave.  
Miami, FL 33157

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 JULY/11/00

(NOTE: Registered Agent signature required when reinstalling)

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR PRESIDENT RODRIGO RESTREPO	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR PRESIDENT RODRIGO RESTREPO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR TREASURER OMAR ESCOBAR	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DIRECTOR TREASURER MARCO ARQUIGO
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete DIRECTOR SECRETARY FERNANDO R. VILLACIS	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DIRECTOR SECRETARY FERNANDO R. VILLACIS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003303048-9 -06/23/00--01076--008 *****35.00 *****35.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 800003303048-9 -08/11/00--01004--002 *****26.25 *****26.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like employees.

FERNANDO R. VILLACIS  
SECRETARY  
FREEDOM TAXI DRIVERS ASSN.

SIGNATURE: \_\_\_\_\_ DATE 7/11/00 DAYTIME PHONE # 305-9729382

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)