

9/17/01-90155-037-\$70.00-\$70.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000000638

1. Entity Name

FREEDOM TAXI DRIVER ASSOCIATION INC.

Principal Place of Business

18707 SW 100 AVENUE
MIAMI FL 33157

Mailing Address

P.O. BOX 872163
MIAMI FL 33197

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0903721

Applied For

Not Applicable

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

VILLACIS, FERNANDO R
18707 SW 100 AVENUE
MIAMI FL 33157

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE	DP	<input type="checkbox"/> Delete
NAME	RESTREPO, RODRIGO	OK
STREET ADDRESS	6530 S.W. 46TH ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	DS	<input type="checkbox"/> Delete
NAME	VILLACIS, FERNANDO R	OK
STREET ADDRESS	18707 S.W. 100 AVE	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	DT	<input type="checkbox"/> Delete
NAME	MARCO, ARQUJO	OK
STREET ADDRESS	3164 S.W. 18TH ST	
CITY-ST-ZIP	MIAMI FL 33145	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DT. TREASURER	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition OK
NAME	OMAR ESCOBAR	
STREET ADDRESS	387 MANOR DR	
CITY-ST-ZIP	MIAMI, FL 33133	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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)(b), 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 the 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:

SIGNATURE OF SIGNED OFFICER OR DIRECTOR
FERNANDO R. VILLACIS
FREEDOM TAXI DRIVERS ASSN

Date

Daytime Phone #

FILED

01 OCT 22 PM 2:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E037 (5/01)



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

September 20, 2001

FREEDOM TAXI DRIVER ASSOCIATION INC.
P.O. BOX 972163
MIAMI, FL 33197

Subject: **FREEDOM TAXI DRIVER ASSOCIATION INC.**

Reference Number: **N98000000638**

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$70.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

Florida nonprofit corporations are required to have at least 3 directors or trustees. Please place the letter "D" or "T" beside the names and business addresses of each director or trustee.

]

**TO AVOID THE ADMINISTRATIVE DISSOLUTION/REVOCATION,
PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF
CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA
32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.**

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/NS
ANNUAL REPORTS SECTION