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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001752

1. Corporation Name

PROFESSIONAL CAB-DRIVERS ASSOCIATION, INC.

Principal Place of Business

426 N.E. 166 STREET
N. MIAMI BEACH FL 33162

Mailing Address

426 N.E. 166 STREET
N. MIAMI BEACH FL 33162



2. Principal Place of Business

21 **426 N.E. 166 ST**

22 **N. MIAMI BEACH FL 33162**

23 **33162**

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/24/1998

4. FEI Number

EIN: 65-0923625

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

JOSEPH, JULES
426 N.E. 166 STREET
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **DP** ☐ DELETE
NAME **ANDRE, JEAN E**
STREET ADDRESS **277 N.E. 82 ST.**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **DC** ☐ DELETE
NAME **PIERRE, NEWTON D**
STREET ADDRESS **6220 N.W. 2 AVE.**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **DVP** ☐ DELETE
NAME **HERNANDEZ, ANGEL**
STREET ADDRESS **1045 W. 76 ST. #164**
CITY-ST-ZIP **HIALEAH FL 33014**

TITLE **DS** ☐ DELETE
NAME **CHERVIL, EMMANUEL**
STREET ADDRESS **11000 N.E. 3 AVE.**
CITY-ST-ZIP **MIAMI FL 33161**

TITLE **DT** ☐ DELETE
NAME **FRANCOIS, PIERRE**
STREET ADDRESS **177 N.E. 70 ST.**
CITY-ST-ZIP **MIAMI FL 33150**

TITLE **DVC** ☐ DELETE
NAME **JOSEPH, JULES**
STREET ADDRESS **426 N.E. 166TH ST.**
CITY-ST-ZIP **N.M.B. FL 33162**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **ANDRE JEAN E**
1.4 CITY-ST-ZIP **277 N.E. 82 ST**
MIAMI FL 33138

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **DC**
2.3 STREET ADDRESS **PIERRE NEWTON D**
2.4 CITY-ST-ZIP **6220 N.W. 2 AVE**
MIAMI FL 33150

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **DVP**
3.3 STREET ADDRESS **HERNANDEZ ANGEL**
3.4 CITY-ST-ZIP **1045 W. 76 ST #164**
HIALEAH FL 33014

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **DS**
4.3 STREET ADDRESS **CHERVIL EMMANUEL**
4.4 CITY-ST-ZIP **11000 N.E. 3 AVE**
MIAMI FL 33161

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME **DT**
5.3 STREET ADDRESS **FRANCOIS PIERRE**
5.4 CITY-ST-ZIP **177 N.E. 70 ST**
MIAMI FL 33150

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME **DVC**
6.3 STREET ADDRESS **JOSEPH JULES**
6.4 CITY-ST-ZIP **426 N.E. 166ST**
N.M.B. FL 33162

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)