

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000009016

1. Entity Name

MEDLEY TAXI CORPORATION

FILED

Apr 17, 2000 8:00 am  
Secretary of State

04-17-2000 90152 045 \*\*\*150.00

Principal Place of Business

8009 NW 36 ST  
#215  
MIAMI FL 33166  
US

Mailing Address

8009 NW 36 ST  
#215  
MIAMI FL 33166-3330  
US

2. Principal Place of Business

895 S.W. 127 CT

3. Mailing Address

895 S.W. 127 CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MIAMI- FL-

City & State

MIAMI- FL-

Zip

33184

Country

USA

Zip

33184

Country

USA

4. FEI Number

65-0383589

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

IGLESIAS, ORESTES  
9420 SW 37 ST  
MIAMI FL 33165

7. Name and Address of New Registered Agent

Name ORMAZABAI DELFIDA

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

895 S.W. 127 CT

City MIAMI-

FL

Zip Code 33184

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 (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

04-11-00

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

TITLE PD  
NAME IGLESIAS, ORESTES ☒ Delete  
STREET ADDRESS 8009 NW 36 ST #215  
CITY-ST-ZIP MIAMI FL 33166

TITLE VD  
NAME ORMAZABAI, SERGIO M ☐ Delete  
STREET ADDRESS 8009 NW 36 ST #215  
CITY-ST-ZIP MIAMI FL 33166

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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

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

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

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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SERGIO ORMAZABAI 04-11-00 - 305-889-1111