

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90382 021 ***158.75

DOCUMENT # P96000077398

1. Entity Name

DORAL AREA TAXI, INC.

Principal Place of Business

5521 NW 78 AVE.
 MIA FL 33166
 US

Mailing Address

278 N.W. 105 ST.
 MIA FL 33150-1162
 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

465 N.E 112 ST

Miami, FL

33161

U. S. A

4. FEI Number

65-0745588

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ELEAZAR, ERINES
278 N.W. 105TH STREET
MIAMI FL 33150

7. Name and Address of New Registered Agent

Name **ERINES ELEAZAR**
 Street Address (P.O. Box Number is Not Acceptable)
465 N.E 112 ST
 City **MIAMI** FL Zip Code **33161**

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

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 Fee

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	ELEAZAR, ERINES	
STREET ADDRESS	278 N.W. 105TH STREET	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input type="checkbox"/> Delete
NAME	OMELAR, AMOS	
STREET ADDRESS	200 N.W. 127 ST.	
CITY-ST-ZIP	N. MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARCAISSE, FANOR	
STREET ADDRESS	15120 N.E. 11 CT	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	JACQUES, JOSEPH	
STREET ADDRESS	520 N.W. 111 ST	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	D	<input type="checkbox"/> Delete
NAME	MIRABEAU, JOSEPH	
STREET ADDRESS	1070 N.E. 174 ST	
CITY-ST-ZIP	N. MIAMI BEACH FL 33162	
TITLE	D	<input type="checkbox"/> Delete
NAME	DIEUVILLE, MAXIME	
STREET ADDRESS	11611 W. BISCAYNE CANAL DR.	
CITY-ST-ZIP	MIAMI FL 33150	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/>
NAME	ERINES ELEAZAR	
STREET ADDRESS	465 N.E 112 ST	
CITY-ST-ZIP	MIAMI, FL 33161	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/>
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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-02-00

Date

Daytime Phone #

(305) 594-393