

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2001 8:00 am
Secretary of State

03-19-2001 90473 029 ***150.00

DOCUMENT # P96000077398

1. Entity Name
DORAL AREA TAXI, INC.

Principal Place of Business Mailing Address
5521 NW 78 AVE. 465 NE 112 ST
MIA FL 33166 MIAMI FL 33161
US US

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 **65-0745588** 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

ELEAZAR, ERINES
465 NE 112 ST
MIAMI FL 33161

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 *ERINES ELEAZAR* DATE 01-27-01
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, 2001 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 Delete
 NAME **D ELEAZAR, ERINES**
 STREET ADDRESS **465 NE 112 ST**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D OMELAR, AMOS**
 STREET ADDRESS **200 N.W. 127 ST.**
 CITY-ST-ZIP **N. MIAMI FL 33168**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D MARCAISSE, FANOR**
 STREET ADDRESS **15120 N.E. 11 CT**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D JACQUES, JOSEPH**
 STREET ADDRESS **520 N.W. 111 ST**
 CITY-ST-ZIP **MIAMI FL 33168**

TITLE Change Addition
 NAME **JOSEPH JACQUES**
 STREET ADDRESS **13275 N. MIA AVE**
 CITY-ST-ZIP **MIAMI, FL 33168**

TITLE Delete
 NAME **D MIRABEAU, JOSEPH**
 STREET ADDRESS **1070 N.E. 174 ST**
 CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D DIEUVILLE, MAXIME**
 STREET ADDRESS **11611 W. BISCAYNE CANAL DR.**
 CITY-ST-ZIP **MIAMI FL 33150**

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 an other like empowered.

SIGNATURE *[Signature]* DATE 01-27-01 DAYTIME PHONE # (305) 594-3333
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0303709

CR2E034 (10/00)

80054166



DO NOT WRITE IN THIS SPACE