

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000023687

1. Entity Name

NEST TAXI, INC.

FILED
Mar 03, 2000 8:00 am
Secretary of State

03-03-2000 90020 035 ***150.00

Principal Place of Business

Mailing Address

3109-11 N.W. 27TH AVE.
MIAMI FL 33142

3109-11 N.W. 27TH AVE.
MIAMI FL 33142

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0905114

Applied For

Not Applicable

Zip

Country

Zip

Country

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

HERNANDEZ, GILBERTO
3109-11 N.W. 27TH AVE.
MIAMI FL 33142

Name
Gilberto Hernandez

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

3109-11-N.W. 27th Ave

City
Miami

FL

Zip Code
33142

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

Gilberto Hernandez

1/10/2000

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 Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ~~PD~~ ☒ Delete
NAME ~~LEVY, SARA~~
STREET ADDRESS ~~3109 NW 27TH AVE.~~
CITY-ST-ZIP ~~MIAMI FL 33142~~

TITLE ☒ Change ☐ Addition
NAME Alan Tauber P/T
STREET ADDRESS 3109-11-N.W. 27th Ave
CITY-ST-ZIP Miami FL 33142

TITLE ☐ Delete
NAME VPSD
STREET ADDRESS SILBERGFARB, FLORENCE
CITY-ST-ZIP 3109 NW 27TH AVE.
MIAMI FL 33142

TITLE ☐ Change ☐ Addition
NAME V P.S.D.
STREET ADDRESS Silbergfarb, Florence
CITY-ST-ZIP 3109-11-N.W. 27th Ave
Miami FL 33142

TITLE ~~SD~~ ☒ Delete
NAME ~~KRAIN, ROSE~~
STREET ADDRESS ~~3109 NW 27TH AVE~~
CITY-ST-ZIP ~~MIAMI FL 33142~~

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

TITLE ~~TD~~ ☐ Delete
NAME ~~TAUBER, ALAN~~
STREET ADDRESS ~~3109 NW 27TH AVE~~
CITY-ST-ZIP ~~MIAMI FL 33142~~

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
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: X

Florence Silbergfarb

2/8/00

305.888-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/99)