

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90910 043 ***150.00

DOCUMENT # P99000073574

1. Entity Name
TAXI INSURANCE COLLECTIONS COMPANY



Principal Place of Business
740 ALTON ROAD
MIAMI BEACH FL 33139

Mailing Address
740 ALTON ROAD
MIAMI BEACH FL 33139



2. Principal Place of Business
SAME AS ABOVE

3. Mailing Address
SAME AS ABOVE

☐ CHECK HERE IF MAKING CHANGES

City & State **City & State** **4. FEI Number** **65-0944150** **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**
ROTH, ANDREW
740 ALTON ROAD
MIAMI BEACH FL 33139
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Andrew Roth* **ANDREW ROTH** **4-14-03**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State **9. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D - ROMAN ROMBERG	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHVARTSMAN, BORIS		NAME	740 ALTON ROAD	
STREET ADDRESS	740 ALTON ROAD		STREET ADDRESS	MIAMI BEACH FL 33139	
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROTH, ANDREW		NAME		
STREET ADDRESS	740 ALTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCH, YEHUDA		NAME		
STREET ADDRESS	740 ALTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEMYON, ZILBERBEG		NAME		
STREET ADDRESS	740 ALTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUBLINSKI, LEIBEL		NAME		
STREET ADDRESS	740 ALTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAPISMEDOV, ALEX		NAME		
STREET ADDRESS	740 ALTON ROAD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI BEACH FL 33139		CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Boris Shvartsman* **SIGNATURE BORIS SHVARTSMAN** **4-10-03** **305 534-0694**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)