

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# S69192

FILED
Apr 27, 2002 8:00 AM
Secretary of State

Entity Name: BROWARD CHECKER CAB, INC.

Current Principal Place of Business:

728 NW 6TH AVE
FT LAUDERDALE, FL 33311 US

New Principal Place of Business:

500 NW 8TH ST
FT LAUDERDALE, FL 33311 US

Current Mailing Address:

P.O. BOX 967
FORT LAUDERDALE, FL 333020967 US

New Mailing Address:

FEI Number: 65-0277210 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VIGGIANI, JOHN ESQ.
540 N.E. 4TH STREET
FT. LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CASALE, RICHARD A.,
Address: 1271 NW 95 AVE
City-St-Zip: PLANTATION, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CASALE, RICHARD A.,
Address: 1271 NW 95 AVE
City-St-Zip: PLANTATION, FL 33322 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. CASALE

PRES

04/27/2002

Electronic Signature of Signing Officer or Director

_____ Date