

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

04-14-2003 90416 025 \*\*\*150.00

02030719 AV

**DOCUMENT # V08472**

1. Entity Name  
**CENTRAL TAXI SERVICE, INC.**



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**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **NOT APPLICABLE**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

## 6. Name and Address of Current Registered Agent

## 7. Name and Address of New Registered Agent

**ROTH, ANDREW  
740 ALTON RD  
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

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  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

## 10. OFFICERS AND DIRECTORS

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>PAPISMEDOV, ALEX</b>	
STREET ADDRESS	<b>740 ALTON RD</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUBLINSKI, LEIBEL</b>	
STREET ADDRESS	<b>740 ALTON RD</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL 33139</b>	
TITLE	<b>ST</b>	<input type="checkbox"/> Delete
NAME	<b>AROCH, YEHODA</b>	
STREET ADDRESS	<b>740 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>SHVARTSMAN, BORIS</b>	
STREET ADDRESS	<b>740 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SEMYON, ZILBERBEG</b>	
STREET ADDRESS	<b>740 ALTON RD</b>	
CITY-ST-ZIP	<b>MIAMI BCH FL</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>ANDREW, ROTH</b>	
STREET ADDRESS	<b>740 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ROMAN GOMBERG</b>	
STREET ADDRESS	<b>740 ALTON ROAD</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL 33139</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (10/02)