

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # V38954**

1. Entity Name

DORAL TAXI, INC.**FILED**
Feb 09, 2000 8:00 am
Secretary of State

02-09-2000 90382 029 ***158.75

Principal Place of Business

Mailing Address

5521 NW 78 AVE
MIAMI FL 33166
US200 NW 127 ST
MIA FL 33168-3644
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

65-0417652

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

OMELER, AMOS
200 NW 127TH ST.
N. MIAMI FL 33168

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

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 State10. 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
NAME
STREET ADDRESS
CITY-ST-ZIP
OD
OMELER, AMOS ☐ Delete
200 NW 127TH ST
HIALEAH FL 33168TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
ERINES, ELEAZAR ☐ Delete
278 NW 105 ST
MIAMI FL 33150TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
MARCAISSE FANOR ☐ Delete
15120 NW 11 CT.
N. MIAMI BCH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
JOSEPH, JACQUES ☐ Delete
520 NW 111 ST
MIAMI FL 33168TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
DIEUVEILLE MAXIME ☐ Delete
11611 W. BISCAYNE R. DR.
MIAMI FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AddTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
C
MIRABEAU, JOSEPH ☐ Delete
1070 N.E. 174 ST.
NORTH MIAMI BEACH FLTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Add

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

02-02-00

305/594-3333