


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90203 010 \*\*\*70.00

DOCUMENT # **N02000001888**

1. Entity Name  
**CABBIES ASSOCIATION INC.**



Principal Place of Business Mailing Address

**PO BOX 97-2163 MIAMI FL 33197-2163** **PO BOX 97-2163 MIAMI FL 33197-2163**

2. Principal Place of Business 3. Mailing Address

**1316 NE 105th Street** **1316 NE 105th Street**

Suite, Apt. #, etc. Suite, Apt. #, etc.

**Apt. # 202** **Apt. # 202**

City & State City & State

**Miami Shores, Florida** **Miami Shores, Florida**

Zip Country Zip Country

**33138** **Miami-Dade** **33138** **Miami-Dade**

4. FEI Number **03-0508643**  Applied For  
Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**VILLACIS, FERNANDO**  
**18707 SW 100 AVE**  
**MIAMI FL 33157**

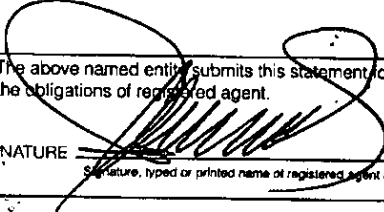
7. Name and Address of New Registered Agent

Name **FERNANDO R. VILLACIS**

Street Address (P.O. Box Number is Not Acceptable)  
**1316 NE 105th Street Apt.202**

City **Miami Shores** FL Zip Code **33138**

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  **FERNANDO R. VILLACIS** **FEBRUARY 18, 2003**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

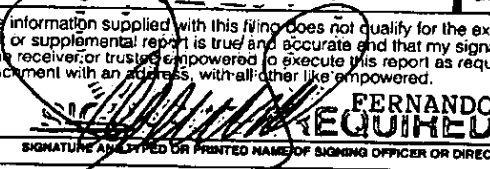
10. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PENA, XAVIER</b>	
STREET ADDRESS	<b>742 NE 131 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33161</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>ROBERT, GEORGE</b>	
STREET ADDRESS	<b>PO BOX 972163</b>	
CITY-ST-ZIP	<b>MIAMI FL 33197</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>WYNNS, RANDOLPH</b>	
STREET ADDRESS	<b>1412 W 44 TERR</b>	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>VILLACIS, FERNANDO</b>	
STREET ADDRESS	<b>18701 SW 100 AVE</b>	
CITY-ST-ZIP	<b>MIAMI FL 33157</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P/ DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VILLACIS, FERNANDO</b>	
STREET ADDRESS	<b>1316 NE 105th Street Apt.202</b>	
CITY-ST-ZIP	<b>MIAMI SHORES, FLORIDA 33138</b>	
TITLE	<b>V/ DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BECKER, RICARDO</b>	
STREET ADDRESS	<b>15048 SW 71 LN</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33193</b>	
TITLE	<b>T/DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>S/ DIRECTOR</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LLERENA, JORGE</b>	
STREET ADDRESS	<b>10250 NW 80th Ct.</b>	
CITY-ST-ZIP	<b>MIAMI, FLORIDA 33016</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		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 617, 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:  **FERNANDO R. VILLACIS** **2/18/2003** **305-972-9382**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CFR2037 (10/02)