

# 2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N02000001888

**FILED**  
**Oct 04, 2011**  
**Secretary of State**

**Entity Name:** CABBIES ASSOCIATION INC.

**Current Principal Place of Business:**

2666-A #1 NW 21 TERRACE  
MIAMI, FL 33143 US

**New Principal Place of Business:**

6885 W 2 TH. COURT  
HIALIAH, FL 33017 US

**Current Mailing Address:**

2666-A#1 NW 21TERRACE  
MIAMI, FL 33143 US

**New Mailing Address:**

6885 W 2 TH. COURT  
HIALIAH, FL 33017 US

**FEI Number:** 03-0508643

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORTES, JORGE PD  
2666-A#1 NW 21 TERRACE  
MIAMI, FL 33143 US

**Name and Address of New Registered Agent:**

CORTES, JORGE PD  
6885 W 2 TH. COURT  
HIALIAH, FL 33017 US

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: JORGE CORTEZ

10/04/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: CORTES, JORGE PD  
Address: 6885 W 2 TH. COURT  
City-St-Zip: HIALIAH, FL 33017 US

Title: VP  
Name: SANCHEZ, ALEJANDRO VP  
Address: 403 NW 99 TH. STREET  
City-St-Zip: MIAMI, FL 33150 US

Title: SD  
Name: GONZALEZ, ANGEL SD  
Address: 6885 W 2 TH. COURT  
City-St-Zip: HIALIAH, FL 33017 US

Title: TD  
Name: MIRAZ, FRANCISCO G TD  
Address: 9725 NW 52 TH. STREET, APT.516  
City-St-Zip: DORAL, FL 33178 US

Title: ED  
Name: CORAL, HERNAN TD  
Address: 2666 A#1 NW 21 TERRACE.  
City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

Title: ED  
Name: OTERO, MAX ED  
Address: 9005 NW 115 TH. STREET  
City-St-Zip: HIALIAH, FL 33018 US

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: HERNAN CORAL

ED

10/04/2011

Electronic Signature of Signing Officer or Director

Date