## 2000 UNIFORM BUSINESS REPORT (UBR)

## **DOCUMENT # J28850** Mar 03, 2000 8:00 am Secretary of State 1. Entity Name MORALES MOVING & STORAGE CO, INC. 03-03-2000 90205 011 \*\*\*150.00 Principal Place of Business Mailing Address 2125 NW 1 COURT 2125 NW 1 COURT MIAMI FL 33127 MIAMI FL 33127-4814 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FFI Number 59-2710134 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORALES.RENE Street Address (P.O. Box Number is Not Acceptable) 2125 NW 1 CT. **MIAMI FL 33127** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS **PDTS** TITLE ☐ Delete TITLE Change Addition MORALES, RENE NAME 2125 NW 1 CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition TITLE Change □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director excurate this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental report is true of the corporation or the receive changed, or on an attachment w

Rene Morales, President

SIGNATURE:

2/28/2000

(305)573-4800

Daytime Phone