




FILED  
 01-29-2003 90058 001 \*\*\*\*50.00  
 09-08-2003 90075 007 \*\*\*\*50.00  
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SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

**\* AMENDED \***

**2003 LIMITED LIABILITY COMPANY  
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000015477					
1. Entity Name MOVERS INDEX LLC					
Principal Place of Business 1901 HARRISON STREET HOLLYWOOD, FL 33020			Mailing Address 1901 HARRISON STREET HOLLYWOOD, FL 33020		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent SIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
FL				FL	
Zip Code				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 _____ DATE _____ <small>Signature typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent Signature required when necessary)</small>					
 <b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALKOBY, DAVID		NAME		
STREET ADDRESS	1901 HARRISON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	FACHLER, SHARON		NAME		
STREET ADDRESS	1901 HARRISON STREET		STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD, FL 33020		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.07(3)(X), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			9/4/03 954-929-9969		
SIGNATURE (PRINT TYPED OR PRINTED NAME OF SERVING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)			Date		

BLH

9/12

CPR0803 (10/02)