FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90099 025 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000003604 ✓

1. Entity Name

GLOBE Movers, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2574 N. University DR	2574 N. University Dr.
Suite, Apt. #, etc.: 214	Suite, Apt. #, etc.: 214
City & State: Sunrise FLORIDA	City & State: Sunrise FLORIDA
Zip: 33322 Country: USA	Zip: 33322 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1068154 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Baruch Karpick

Street Address (P.O. Box Number is Not Acceptable): 2574 N. University DR # 214

City: Sunrise FL Zip Code: 33322

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] 4/30/02

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) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	President
NAME	Baruch Karpick
STREET ADDRESS	2574 N. University DR
CITY-ST-ZIP	Sunrise FL 33322
TITLE	Secretary
NAME	Megan Karpick
STREET ADDRESS	2574 N. University DR
CITY-ST-ZIP	Sunrise FL 33322
TITLE	
NAME	
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CR2E034B (12/01)

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

SIGNATURE: Megan Karpick Megan Karpick 4/30/02 954-742-0021

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