

112

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

03 OCT 16 AM 11:09

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                        |         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------------------------|---------|
| <b>DOCUMENT #P01000003604</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |         |                                                                        |         |
| 1. Entity Name<br><b>GLOBE MOVERS, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                        |         |
| Principal Place of Business<br>2574 N. UNIVERSITY DR.<br>#214<br>SUNRISE, FL 33322                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         | Mailing Address<br>2574 N. UNIVERSITY DR.<br>#214<br>SUNRISE, FL 33322 |         |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |         | 3. Mailing Address                                                     |         |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |         | Suite, Apt. #, etc.                                                    |         |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |         | City & State                                                           |         |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country | Zip                                                                    | Country |
| 4. Name and Address of Current Registered Agent<br>KARPICK, BARUCH<br>2574 N. UNIVERSITY DR. #214<br>PLANTATION, FL 33324                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |         |                                                                        |         |
| 5. Name and Address of New Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                        |         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                        |         |
| Street Address (P.O. Box Number is Not Acceptable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |         |                                                                        |         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |         |                                                                        |         |
| FL Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |         |                                                                        |         |
| 6. 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 further with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                      |         |                                                                        |         |
| SIGNATURE _____<br><small>(Signature, typed or printed name of registered agent and title if applicable)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |         |                                                                        |         |
| 7. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |         |                                                                        |         |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |         |                                                                        |         |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |         |                                                                        |         |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |         |                                                                        |         |
| SIGNATURE: _____<br><small>(Signature and typed or printed name of filing officer or director)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |         |                                                                        |         |

11005145

**REINSTATEMENT**

03

10/10/03 01084 004 165-00



☐ CHECK HERE IF MAKING CHANGES

|                                                           |                                                        |
|-----------------------------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br>65-1088154                               | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required                         |

CR2EC04 (10/02)

4/15/03

2/2

# Globe Movers Inc.

2574 N. University Dr. Suite 214, Sunrise, FL 33322

Tel: 954-742-0021 Fax: 954-747-7002

E-mail: [info@globemovers.com](mailto:info@globemovers.com)

1-888-522-7788

October 8, 2003

Florida Department of State  
Division of Corporations  
Attention: Pat Daley  
409 East Gains Street  
Tallahassee, Florida 32399

Re: Globe Movers, Inc.

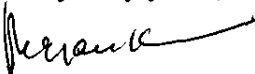
700023714517  
10/10/03--01084--004 \*\*165.00

Dear Ms. Daley:

Thank you for your courtesies and cooperation this morning. As I indicated on the telephone, this will confirm that our company never received the 60-day Resolution Letter which you indicated was sent regular mail on 5/29/03. Therefore, we are requesting a Waiver of the reinstatement fee. According to your instructions, I am enclosing our check in the amount of \$165.00 and would request that Globe Movers, Inc. be immediately reinstated as a Florida Corporation.

I appreciate your assistance in this matter and will be calling you tomorrow to confirm receipt of our letter and check.

Very truly yours,



Megan Karpick  
Secretary  
Globe Movers, Inc.