FILED
Jul 03, 2003 8:00 am
Secretary of State

04-25-2003 90127 006 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000075633

1. Entity Name
NATIONWIDE VAN LINES EXPRESS.COM, INC.

55050415

[redacted]

Principal Place of Business
5900 DEWEY STREET
HOLLYWOOD FL 33023

Mailing Address
5900 DEWEY STREET
HOLLYWOOD FL 33023

2. Principal Place of Business: 5900 Dewey St.
Suite, Apt. #, etc.
City & State: Hollywood FL
Zip: 33023 Country: USA

3. Mailing Address: 5900 Dewey St.
Suite, Apt. #, etc.
City & State: Hollywood FL
Zip: 33023 Country: USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 65-1125593 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
SUSTIEL, SIGALIT
5900 DEWEY STREET
HOLLYWOOD FL 33023

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P SUSTIEL, SIGALIT 5900 DEWEY STREET HOLLYWOOD FL 33023 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/1/03 954-965-0091
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #

Attachment

55050415 [redacted]

#P0100007563 2469

NATIONWIDE VAN LINES EXPRESS.COM, INC.
1802 SW 31ST AVENUE
HALLANDALE, FL 33009

FIRST UNION NATIONAL BANK
63-643/670 7508

4/22/2003

PAY TO THE ORDER OF Florida department state $**150.00

One Hundred Fifty and 00/100********** DOLLARS

Florida department state

MEMO

AUTHORIZED SIGNATURE

⑈002469⑈ ⑆067006432⑆ 20000445980 30⑈

Attachment #
P0100007563

NATIONWIDE VAN LINES EXPRESS.COM, INC. 2469

Florida department state 4/22/2003 150.00

We Paid Allready

COPY

First Union Bank 150.00

NATIONWIDE VAN LINES EXPRESS.COM, INC. 2469

Florida department state 4/22/2003 150.00

First Union Bank 150.00

LMP12

51N312 (7/02) 17-582