

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000013477**

1. Entity Name

**A-1 SOUTHEAST MOVING, INC.**

Principal Place of Business

**13903 SW 46TH TERR., UNIT C  
MIAMI FL 33175**

Mailing Address

**13903 SW 46TH TERR., UNIT C  
MIAMI FL 33175-4416**

FILED

00 MAR 27 PM 2:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**C0015113**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**3323 SW 154TH COURT**

3. Mailing Address

**3323 SW 154 COURT**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

**Miami, FL**

City &amp; State

**Miami, FL**

4. FEI Number

**65-0816354**

Applied For

Not Applied For

Zip

**33185**

Country

Zip

**33185**

Country

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

6. Name and Address of Current Registered Agent

**QUINTERO, ARTURO M****13903 SW 46TH TERR., UNIT C  
MIAMI FL 33175**

7. Name and Address of New Registered Agent

Name **Quintero, Arturo M**

Street Address (P.O. Box Number is Not Acceptable)

**3323 SW 154TH COURT**City **Miami**

FL

Zip Code

**33185**

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, 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) ☐**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>QUINTERO, ARTURO M</b>	
STREET ADDRESS	<b>13903 SW 46TH TERR., UNIT C</b>	
CITY-ST-ZIP	<b>MIAMI FL 33175</b>	

TITLE	<b>QUINTERO, Arturo M.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>3323 SW 154TH COURT</b>	
STREET ADDRESS	<b>MIAMI, FL 33185</b>	
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE:

**SIGNATURE REQUIRED****03-18-00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #