

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

DOCUMENT # 248902

1. Entity Name
A-1 FARGO VAN AND STORAGE, INC.



FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90045 020 ***150.00

0268734 AV

Principal Place of Business
**7700 SW 100 ST
MIAMI FL 33156**

Mailing Address
**7700 SW 100 ST
MIAMI FL 33156**

11047031



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-0936451**

Applied For
Not Applicable

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROTH, HEIDI M P.A.
2511 PONCE DE LEON BLVD
STE #320
CORAL GABLES FL 33134**

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 HALE, VIRGIL 7700 SW 100TH STREET MIAMI FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HALE, GARY 7700 SW 100 ST MIAMI FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WARD, TREVA 7700 SW 100 ST MIAMI FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRIESEMER, BEVERLY 7700 SW 100 ST MIAMI FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T TORENO, BARBARA 7700 SW 100 ST MIAMI FL 33156 ☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/03

Date

Daytime Phone #

CR2E034 (10/02)