

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2001 08:00 AM**
Secretary of State**DOCUMENT # 536332**1. Entity Name
MOVING AND STORAGE SYSTEMS, INC.**Principal Place of Business**

13200 NW 38TH COURT

OPA LOCKA

330544514

FL

US

Mailing Address

13200 NW 38TH COURT

OPA LOCKA

330544514

FL

US

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**59-1751502**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**SHASHATY, RAYMOND**
13200 NW 38TH COURT

OPA LOCKA

330544514

FL

US

7. Name and Address of New Registered Agent

Name

SHASHATY RAYMOND JPRES.

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

13200 NW 38TH COURT

City

OPA LOCKA

FL

Zip Code

330544514

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 **RAYMOND J. SHASHATY****05/01/2001**

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, 2001 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	V	<input checked="" type="checkbox"/> Delete
NAME	SHASHATY, EMILY	
STREET ADDRESS	2275 S. W. 21ST TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITLE	ST	<input type="checkbox"/> Delete
NAME	SHASHATY, MICHAEL	
STREET ADDRESS	5001 S. W. 87TH PLACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	P	<input type="checkbox"/> Delete
NAME	SHASHATY, RAYMOND J	
STREET ADDRESS	5831 SW 93RD PLACE	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: MICHAEL J. SHASHATY

S/T

05/01/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)