

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 692286

1. Entity Name

JOHN MOVING, INC.

**FILED**  
**Apr 18, 2000 8:00 am**  
**Secretary of State**

04-18-2000 90117 001 \*\*\*\*\*8.75  
04-18-2000 90117 002 \*\*\*150.00

Principal Place of Business

Mailing Address

1816 N.W. 18TH TERRACE  
MIAMI FL 33125  
US

1816 N.W. 18TH TERRACE  
MIAMI FL 33125-1414

2. Principal Place of Business

1401 N.W. 176th Terr.

3. Mailing Address

1401 N.W. 176th Terr.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL 33169

City & State

Miami, FL 33169

4. FEI Number

59-2109491

Applied For

Not Applicable

Zip

Country

33169

U.S.A.

Zip

Country

33169

U.S.A.

5. Certificate of Status Desired

☒

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SCHNEIDER, ALAN  
2900 NW 7TH ST.  
MIAMI FL 33125

Name

Miller, Glenn R., Esq.

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

67 N.E. 168th Street

City

North Miami Beach,

FL

Zip Code

33162

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 PD ☒ Delete  
NAME BETANCOURT, JUAN  
STREET ADDRESS 1816 NW 18TH TERR  
CITY-ST-ZIP MIAMI FL 33025

TITLE PD ☒ Change ☐ Addition  
NAME Russell L. Tate  
STREET ADDRESS 1401 N.W. 176 Terr.  
CITY-ST-ZIP Miami, FL 33169

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Russell L. Tate 3-21-00 (305) 625-3461

Date

Daytime Phone #.

CR2E034 (9/99)