

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003757

1. Entity Name

ALL MY SONS MOVING & STORAGE OF WEST PALM BEACH,

Principal Place of Business

2520 S.W. 102ND DRIVE
DAVIE FL 33324

Mailing Address

2520 S.W. 102ND DRIVE
DAVIE FL 33324

2. Principal Place of Business
1721 West 10th Street

3. Mailing Address
1721 West 10th Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
Riviera Beach, FL

City & State
Riviera Beach, FL

4. FEI Number 65-1010714

Applied For
Not Applicable

Zip Country
33404 USA

Zip Country
33404 USA

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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.

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, 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 PSTD
NAME DOMINGUEZ, PEDRO
STREET ADDRESS 1810 N.W. 131ST STREET
CITY-ST-ZIP MIAMI FL ☒ Delete

TITLE PSID
NAME Spero Georgedakis
STREET ADDRESS 1721 West 10th Street
CITY-ST-ZIP Riviera Beach, FL 33404 ☐ Change ☒ Addition

TITLE D
NAME DUBBERLY, LINDA
STREET ADDRESS 20470 CORSAIR BLVD
CITY-ST-ZIP HAYWARD CA ☐ Delete

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

TITLE CD
NAME PETERSON JR, ROBERT
STREET ADDRESS 8869 GREENWOOD PLACE, STE C
CITY-ST-ZIP SAVAGE MD ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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:

Spero Georgedakis, President 102-01-01(561)233-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)