

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001524

1. Entity Name

MOBILE STORAGE GROUP, INC.

Principal Place of Business

2540 FOOTHILL BLVD. 2ND FL  
LACRESCENTA CA 91214

Mailing Address

2540 FOOTHILL BLVD. 2ND FL  
LACRESCENTA CA 91214

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

95-4135466

Applied For

Not Applicable

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

Mike Dandi  
EDDIE VASQUEZ & RONALD VALENTA  
9595 NORTHWEST 89TH AVENUE - 5800 SW 177th Ave.  
MEDLEY FL 33178 Suite 108  
Miami, FL 33193

Name Mike Dandi & Ronald Valenta  
Street Address (P.O. Box Number is Not Acceptable)  
5800 SW 177th Ave, Suite 108  
City Miami FL Zip Code 33193

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	PTD	<input type="checkbox"/> Delete
NAME	VALENTA, RONALD F	
STREET ADDRESS	5200 JESSEN DRIVE	
CITY-ST-ZIP	LA CANADA CA 91011	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	ROBERTSON, JAMES S	
STREET ADDRESS	16510 ACADEMIA DR.	
CITY-ST-ZIP	ENCINO CA 91436	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	GRIFFITHS, E G	
STREET ADDRESS	17178 STRAWBERRY DR.	
CITY-ST-ZIP	ST. GEORGES PARISH BA	
TITLE	Chief Financial Officer	<input type="checkbox"/> Delete
NAME	Kenneth Kramer	
STREET ADDRESS	2540 Foothill Blvd., 2nd Floor	
CITY-ST-ZIP	La Crescenta, CA 91214	
TITLE	Chief Operating Officer	<input type="checkbox"/> Delete
NAME	Kevin Mellifont	
STREET ADDRESS	2540 Foothill Blvd., 2nd Floor	
CITY-ST-ZIP	La Crescenta, CA 91214	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/27/00

Date

818 249 0291

Daytime Phone #

FILED  
Aug 02, 2000 8:00 am  
Secretary of State

08-02-2000 90004 030 \*\*\*550.00



DO NOT WRITE IN THIS SPACE

CR2E034 (5/00)