

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION

2000-2001

UBR



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

DIVISION OF CORPORATIONS

FILED

01 FEB -1 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F980000041769

1. Corporation Name

ALL POINTS USA.

RELOCATION SYSTEMS INC

700003709137--1

-02/19/01--01030--008

\*\*\*150.00 \*\*\*150.00

2. Principal Office Address

2027 SW 31 AVE

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

PENBROKE PARK

City & State

Zip

33009

Country

BROWARD

Zip

Country

4. Date Incorporated or Qualified  
To Do Business in Florida

7/28/98

5. FEI Number

223558182

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required  
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

EDMOND BEN-AMI

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

2027 SW 31 AVE

Suite, Apt. #, Etc.

City

PENBROKE PARK

State

FL

Zip Code

33009

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of  
Registered Agent

*Edmond Ben-Ami*

REGISTERED AGENT MUST SIGN

Date

12/27/00

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
OFFICE MANAGER	MOSHE BACHAR	3400 N 46 AVE	HOLLYWOOD, FL. 33021
Secretary	PATRICIA BACHAR	3400 N 46 AVE	HOLLYWOOD, FL. 33021
Dispatcher	Ronen Ben Lulu	1423 N.W. 81 TR	Plantation FL. 33322
PRESIDENT	EDMOND BEN-AMI	2027 SW. 31 ave.	PENBROKE PARK - FL 33009

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

*Edmond Ben-Ami*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

12/27/00

Daytime Phone #

8008941034

CR2E081 (9/99)