

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000014315

1. Entity Name  
GENERATIONS MOVING, LLC

Principal Place of Business  
2224 NORTH 36TH AVENUE  
HOLLYWOOD FL 33021

Mailing Address  
2224 NORTH 36TH AVENUE  
HOLLYWOOD FL 33021

FILED

01 JUL 30 AM 8:47

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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  
651048327

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GENERATIONS MOVING & STORAGE, INC.  
2224 N. 36TH AVENUE  
HOLLYWOOD FL 33021

Name  
MICHAEL MANZELLA

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

2224 N. 36TH AVE

City  
HOLLYWOOD

FL

Zip Code  
33021

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 MICHAEL MANZELLA

Signature, typed or printed name of registered agent and title if applicable.

*Michael Manzella*

(NOTE: Registered Agent signature required when reinstating)

7/20/01  
DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State  
Due By September 26, 2001

400004513634--4  
-08/03/01--01011--011  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING PARTNER  
MICHAEL MANZELLA  
2224 N. 36TH AVE  
HOLLYWOOD, FL. 33021 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING PARTNER  
MICHAEL MANZELLA  
2224 N. 36TH AVE  
HOLLYWOOD, FL 33021 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MANAGING PARTNER  
TERESA PISANI  
14 MARINERS COVE  
EDgewater, N.J. 07020 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Michael Manzella*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE  
954 938 8484  
Date Daytime Phone #

CR2E083 (5/01)