

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 13, 2002 8:00 am**  
**Secretary of State**

05-13-2002 90256 030 \*\*\*\*50.00

DOCUMENT # L01000007768

1. Entity Name

Directions Van Lines, LLC

**DO NOT WRITE IN THIS SPACE**

960523

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <u>9105 N. Nob Hill Rd</u>		3. Mailing Address <u>same</u>	
Suite, Apt. #, etc. <u>Suite # 151</u>		Suite, Apt. #, etc.	
City & State <u>Plantation FL</u>		City & State	
Zip <u>33324</u>	Country <u>USA</u>	Zip	Country

4. FEI Number <u>651118552</u>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name <u>Hagen Kevin L.</u>
Street Address (P.O. Box Number is Not Acceptable) <u>3531 Griffin Rd</u>
City <u>Ft. Lauderdale FL</u> Zip Code <u>33312</u>

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: \_\_\_\_\_ DATE \_\_\_\_\_

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP <u>President</u> <u>Itzhak Alkabetz</u> <u>9105 N. Nob Hill Rd #151</u> <u>Plantation, FL 33324</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/02 (954)  
916-3546  
Date Daytime Phone #

CR2E083B (12/01)

Directions Van Lines  
Itzhak Alkabes  
965 N. Nob Hill Rd. # 151  
Plantation, FL 33324  
954-937-9748

Attachment  
960523

#LO 1000007768

Division of Corporations  
P. O. Box 6478  
Tallahassee, FL 32314

Re: Previously mailed UBR to incorrect address.

To whom it may concern:

Please be advised that I originally submitted Directions Van Lines' UBR to 904 E. Gaines Street rather than 409 E. Gaines Street. Nevertheless, enclosed please find the completed business report as well as a payment in the amount of only \$50.00 as late fees will not be applied as advised by a representative.

Should you require additional information regarding this matter, please contact me at the phone number/address listed above.

Sincerely,

  
Itzhak Alkabes  
President