

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 25, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90141 023 \*\*\*\*70.00

DOCUMENT # **N94000004227**

1. Entity Name  
**MOVERS, INC.**



Principal Place of Business      Mailing Address  
**6101 NW 7TH AVE**      **6112 NW 7TH AVE**  
**MIAMI FL 33127**      **MIAMI FL 33127**  
**US**      **US**



2. Principal Place of Business      3. Mailing Address  
Suite, Apt. #, etc.      Suite, Apt. #, etc.  
City & State      City & State  
Zip      Country      Zip      Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0517325**      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**

**MCRAE, GEORGE DR**  
**1701 NW 68TH ST**  
**MIAMI FL 33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	Change	Addition
PD	COLYER, LEROY N.	6101 NW 7TH AVE	MIAMI FL 33127	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	OLIVER, RALPHILIA	5605 NW 7TH AVE	MIAMI FL 33127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	GLOVER, JOANN	6101 NW 7TH AVE	MIAMI FL 33127	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**PRESIDENT**  
**ANDRE SMITH**  
**15195 N.W. 2ND AVE**  
**MIAMI, FL 33162**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Chalragno W. Thompson*      Date: **1/21/03**      Daytime Phone #: **305-751-1014**

CR2E037 (10/02)