

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90746 020 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P00000049420 1. Entity Name AMERICAN EAGLE VAN LINES, INC.			
Principal Place of Business 3969 PEMBROKE ROAD BLDG. #1-6, BAY #1 HOLLYWOOD, FL 33021		Mailing Address 2969 PEMBROKE ROAD BLDG. #1-6, BAY #1 HOLLYWOOD, FL 33021	
2. Principal Place of Business 1919 NW 19 ST. 104D Suite, Apt. #, etc.		3. Mailing Address 1919 NW 19 ST Suite, Apt. #, etc. # 104D	
City & State PT. LAGO, FL Zip 33311 Country U.S.		City & State PT. LAGO, FL Zip 33311 Country U.S.	
4. FEI Number 65-1012154		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MOSS, MARVIN ATTY. 20801 BISCAYNE BLVD. SUITE 800 MIAMI, FL 33180-1430		7. Name and Address of New Registered Agent Name ITZHAK BOKOBZA Street Address (P.O. Box Number is Not Acceptable) 1919 NW 19TH ST #104D City PT. LAGO FL Zip Code 33311	
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 DATE _____ (NOTE: Registered Agent's Signature required when eliminating)			
FILE KNOWN FEE IS \$150.00 After May 3, 2003 Fee will be \$650.00 Make check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD BOKOBZA, ITZHAK 1500 NW 108 AVE. #220 PLANTATION, FL 33322	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPO BUCIA, SIMCHA 1500 NW 108 AVE. #220 PLANTATION, FL 33322	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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 the report as required by Chapter 607, 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		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____	

90123331



☐ CHECK HERE IF MAKING CHANGES

CH2E034 (10/02)