2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

P01000024372 **DOCUMENT #**

1. Entity Name

PORTABLE SELF MOVING AND STORAGE CORPORATION



FILED Feb 10, 2003 8:00 am Secretary of State

02-10-2003 90187 018 ***150.00

						CO WE IN					
_Principal-Plac	ce of Busines	6	Mailirنب	ng Address				_			
8750 NW 99TH ST.				8750 NW 99TH ST.							
MIAMI FL 331	VIAMI FL 33178			MIAMI FL 33178							
								18811831 68181 1811 1811 1811	101 4 6 01 8 88	1 21322 (1011)	BÁTH (IBT IBB)
2 Principal I	Place of Busin	2000	12 140	iling Addross			ļ				
2. Thiopan	race of Dusii	1033		3. Mailing Address 11450 NW 34 ST.			İ		.,,		
								_			
Suite, Apt	. #, etc.		Sui	te, Apt. #, etc.				CHECK HERE IF N	AKING C	CHANGES	
61 4 61								· · · · · · · · · · · · · · · · · · ·			
City & Sta	te		(City	& State			4. F	FEI Number 65-1085806		Ar	oplied For
			10	<u>'iumi - 1</u>	<u>۲</u>			00 1000000		No	ot Applicable
Zip		Country	ايت	170	Country	× ^	5 (Certificate of Status Desired	□ \$	8.75 Add	ditional
		1.01		. מווכ	\mathbf{X}^{j}	5H	J	Definicate of Status Desired	ີ F∈	e Require	ed
	6. Name	and Address of Cur	ent Register	ed Agent			7. N	Name and Address of New Regi	stered Ag	ent	
13		•				Name					
PAULEY,	MONICA	1						•			
				Street Address (P.O. Box Number is Not Acceptable)				
8750 NW 99 STREET											
MIAMIĴFL	33178	•									
ź	Pr. See See a gy				-	City				F 0 1	
40						City			FL	Zip Cod	e
8. The above	e admed entity	v submits this stateme	nt for the our	pose of changing its	registered	office or registers	ed age	ent, or both, in the State of Florida	i am fan	niliar with	and accent
the obliga	tions at regist	ered agent.	in for the park	Jood of Gridinging Re	, regiotorea	onice or registers	ou age	crit, or both, in the State of Fiorida	i. ramiai	IIIIICU YYUU,	and accept
***	1. CAP 20. P.										
SIGNATURE:											
	Signature, typed	or printed name of registered a	gent and title if app	plicable. (NOT	E: Registered A	Agent signature required	when rei	instating)	DATE		
F	ILE-NOW!	I_FEE_IS_\$150.00			**	_					
		3 Fee will be \$550						9. Election Campaign Finance	ing -	\$5.0	May Be
		Florida Departme						Trust Fund Contribution.		Added	to Fees
				<u>L</u>							
10.	T	OFFICERS A	ND DIRECTO		11.		ADI	DITIONS/CHANGES TO OFFICE	RS AND D	IRECTOR	S IN 11
TITLE	PD			☐ Delete	TITLE	ŀ				Change	☐ Addition
NAME	PAULEY, N				NAME	İ					
STREET ADDRESS	8750 NW 9	99 STREET			STREET	ADDRESS	~				
CITY-ST-ZIP	MIAMI FL (33178			CITY-ST	T-ZIP					
TITLE	VPD			☐ Delete	TITLE				Г	Change	Addition
NAME		CALIA, MACARENA		- Delete	NAME					_ change	Addition
STREET ADDRESS	8750 NW 9	OALIA, MACARENA NO STDEET				ADDRESS					
CITY-ST-ZIP					*	I		•			
GITT-31-2IF	MIAMI FL	331/8			CITY-ST	J- ZIP					
TITLE	SD			Delete	TITLE			•		☐ Change	☐ Addition
NAME	NICHOLS,	CALIXTO			NAME			· · · · · · · · · · · · · · · · · · ·			
STREET ADDRESS					STREET	ADDRESS					
CITY-ST-ZIP	MIAMI FL 3				CITY-ST	r-ZIP		. /			
TITLE	TD			☐ Delete	TITLE					7 Chanca	□ Addition
NAME	PAULEY, R	ORERT I		- Detete	NAME				L	_ Change	☐ Addition
STREET ADDRESS	8750 NW 9	IOULIN U				ADDRESS					
CITY-ST-ZIP	MIAMI FL 3										
	MIAMI PL 3	31/0			CITY-ST	- ZIP					
TITLE				☐ Delete	TITLE				Ε	Change	☐ Addition
NAME					NAME						
STREET ADDRESS					STREET /	ADDRESS					
CITY-ST-ZIP					CITY-ST	- ZIP					
TITLE			***	☐ Delete	TITLE	<u> </u>				7 Changa	Addition
NAME				□ Detete	NAME				L] Change	☐ Addition
STREET ADDRESS						100proc					
CITY-ST-ZIP					STREET A						
					CITY-ST						
12. Thereby of	ertify that the	information supplied	with this Ang	does not qualify for	the exemp	tion stated in Sec	tion 1	19.07(3)(i), Florida Statutes. I furt	her certify	that the in	formation
of the cor	on this report poration or the	. or supplemental repo e receiver or trustee e	ncis true and	accurate and that mexecute this report :	ny signature as required	e snall have the sa I by Chapter 607	ame le Florid	19.07(3)(1), Florida Statutes. 1 furti- egal effect as if made under oath; la Statutes; and that my name ap;	that I am	an officer (or director
changed,	or on an atta	chment with an acdre	ss. with All oth	er like embowered.	as required	. Jy Onapier 007,	i iviiu	a caloles, and that my harde app	Jears III B	IOCK TO OF	DIOCK 1111

Daytime Phone #