

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

02-10-2003 90187 018 ***150.00

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1. Entity Name
PORTABLE SELF MOVING AND STORAGE CORPORATION



Principal Place of Business

8750 NW 99TH ST.
MIAMI FL 33178

Mailing Address

8750 NW 99TH ST.
MIAMI FL 33178

2. Principal Place of Business

3. Mailing Address

11450 NW 34 ST.

Suite, Apt. #, etc.

City & State

Miami, FL.

Zip
33178

Country
USA

4. FEI Number

65-1085806

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

PAULEY, MONICA
8750 NW 99 STREET
MIAMI FL 33178

7. Name and Address of New Registered Agent

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:

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

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

TITLE PD ☐ Delete
NAME PAULEY, MONICA
STREET ADDRESS 8750 NW 99 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE VPD ☐ Delete
NAME PAULEY-SCALIA, MACARENA
STREET ADDRESS 8750 NW 99 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE SD ☐ Delete
NAME NICHOLS, CALIXTO
STREET ADDRESS 8750 NW 99 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE TD ☐ Delete
NAME PAULEY, ROBERT J
STREET ADDRESS 8750 NW 99 STREET
CITY-ST-ZIP MIAMI FL 33178

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-03

Date

Daytime Phone #

CR2E034 (10/02)