

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 07, 2002 8:00 am
Secretary of State

04-07-2002 90077 027 ***150.00

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DOCUMENT # P01000026392

1. Entity Name

MAFRAN MOVING AND STORAGE, INC.

Principal Place of Business

8693 SW 159 PATH
 MIAMI FL 33193

Mailing Address

8693 SW 159 PATH
 MIAMI FL 33193

2. Principal Place of Business

8693 S.W. 159 Path

3. Mailing Address

8693 S.W. 159th Path

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami

City & State

Miami, Florida

Zip 33193

Country USA

Zip 33193

Country USA

4. FEI Number

65 1120460

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALONSO, MARIO
 8693 SW 159 PATH
 MIAMI FL 33193

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3/9/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD
 NAME **ALONSO, MARIO**
 STREET ADDRESS **8693 SW 159 PATH**
 CITY-ST-ZIP **MIAMI FL 33193**

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment to this address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/02 305-338-4797

CR2E034 (9/01)