FILED
Apr 16, 2003 8:00 am
Secretary of State
04-16-2003 90168 044 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000029555

1. Entity Name
ABSOLUTE MOVING & STORAGE INC

90088207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2951 NW 21st ST	2951 NW 21st ST
Suite, Apt. # etc: BLDG #12	Suite, Apt. # etc: BLDG #12
City & State: LAUDERDALE LAKES FL	City & State: LAUDERDALE LAKES FL
Zip: 33311 Country: USA	Zip: 33311 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 65-1090268 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent
Name: RAFFAEL MOSHKOVITZ
Street Address (P.O. Box Number is Not Acceptable): 3122 NW 123rd TERRACE
City: SUNRISE FL Zip Code: 33323

DO NOT WRITE IN THIS SPACE

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 ______ 4/11/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PRESIDENT
NAME	MOSHKOVITZ, RAFFAEL
STREET ADDRESS	3122 NW 123rd TERRACE
CITY-ST-ZIP	SUNRISE FL 33323
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: ______ 4/11/03 (954) 717-8400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #