

2002 **UNIFORM BUSINESS REPORT (UBR)**

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90148 015 ***150.00

DOCUMENT # P01000035507

1. Entity Name

PROGRESSIVE VAN LINES, INC.

Principal Place of Business

19390 Collins Ave, # 1027
 Aventura, Fl. 33160

Mailing Address

19390 Collins Ave, # 1027
 Aventura, Fl. 33160

2. Principal Place of Business

19390 Collins Avenue

3. Mailing Address

19390 Collins Avenue

Suite, Apt. #, etc.

1027

Suite, Apt. #, etc.

1027

DO NOT WRITE IN THIS SPACE

City & State

Aventura, Florida

City & State

Aventura, Florida

4. FEI Number

65-109-5886

Applied For

Not Applicable

Zip

Country

33160

U.S.

Zip

Country

33160

U.S.

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Joseph P. Klapholz, Esq.

Street Address (P.O. Box Number is Not Acceptable)

2500 Hollywood Boulevard, Suite 212

City Hollywood

FL

Zip Code

33020

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

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
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 ☐ Delete
 NAME EZRA, Alon
 STREET ADDRESS 19390 Collins Avenue, # 1027
 CITY-ST-ZIP Aventura, Florida 33160

TITLE D ☒ Delete
 NAME GOLDBERG, Randy
 STREET ADDRESS P.O. Box 630850
 CITY-ST-ZIP Miami, Fl. 33160-0850

TITLE D ☒ Delete
 NAME GOLDBERG, Aubrie
 STREET ADDRESS P.O. Box 630850
 CITY-ST-ZIP Miami, Fl. 33160-0850

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSD ☐ Change ☒ Addition
 NAME EZRA, Alon
 STREET ADDRESS 19390 Collins Avenue, # 1027
 CITY-ST-ZIP Aventura, Fl. 33160

TITLE VPD ☐ Change ☒ Addition
 NAME EZONI, Amit
 STREET ADDRESS 19390 Collins Avenue, # 1027
 CITY-ST-ZIP Aventura, Fl. 33160

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

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

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

TITLE ☐ Change ☐ Addition
 NAME
 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 with an address, with all other like empowered.

SIGNATURE: X

ALON EZRA

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #