

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90174 017 ***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
**125 Component Drive
Suite, Apt. #, etc.**

3. Mailing Address
**125 Component Drive
Suite, Apt. #, etc.**

City & State
San Jose, California

City & State
San Jose, California

4. FEI Number **65-1095886**

Applied For
Not Applicable

Zip **95131** Country **U.S.A.**

Zip **95131** Country **U.S.A.**

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

6. Name and Address of Current Registered Agent

**KLAPHOLZ, JOSEPH P ESQ
2500 HOLLYWOOD BOULEVARD
SUITE 212
HOLLYWOOD FL 33020**

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 **D** ☒ Delete
NAME **GOLDBERG, RANDY**
STREET ADDRESS **PO BOX 630850**
CITY-ST-ZIP **MIAMI FL 33160-0850**

TITLE **VPD** ☐ Delete
NAME **EZONI, AMIT**
STREET ADDRESS **19390 COLLINS AVENUE #1027**
CITY-ST-ZIP **AVENTURA FL 33160**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **EZONI, AMIT**
STREET ADDRESS **125 Component Drive**
CITY-ST-ZIP **San Jose, California 95131**

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/03 (408)944-9340
Date Daytime Phone #

CR2E034 (10/02)