

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90048 044 ***150.00

DOCUMENT # P01000051362

1. Entity Name
SUPREME VAN LINES, INC.



Principal Place of Business
**3976 PEMBROKE RD
HOLLYWOOD FL 33021**

Mailing Address
**3976 PEMBROKE RD
HOLLYWOOD FL 33021**



2. Principal Place of Business

3125 John P. Curci Dr.

3. Mailing Address

3125 John P. Curci Dr.

Suite, Apt. #, etc.

Bay #2

Suite, Apt. #, etc.

Bay #2

City & State

Pembroke park FL

City & State

Pembroke park FL

Zip

33009

Country

Zip

33009

Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-1109121

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**BOUHADANA, SMADAR
3976 PEMBROKE RD
PEMBROKE FL 33021**

7. Name and Address of New Registered Agent

Name

Bouhadana Smadar

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

3125 John P. Curci Dr. Bay #2

City

Pembroke park

FL

Zip Code

33009

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

Smadar Bouhadana

01/22/03

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 **P** ☐ Delete
NAME **BOUHADANA, SMADAR SMADAR**
STREET ADDRESS **3976 PEMBROKE RD**
CITY-ST-ZIP **HOLLYWOOD FL 33021**

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

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
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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:

SMADAR BOUHADANA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/22/03

Date

954-322-4477

Daytime Phone #

CR2E034 (10/02)