

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000052182

1. Entity Name  
ADVANCE SYSTEMS MOVING & STORAGE, INC.



FILED  
Mar 24, 2003 8:00 am  
Secretary of State

03-24-2003 91018 013 \*\*\*150.00

Principal Place of Business  
12355 NE 13TH AVENUE  
SUITE 200  
NORTH MIAMI, FL 33161

Mailing Address  
12355 NE 13TH AVENUE  
SUITE 200  
NORTH MIAMI, FL 33161

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1106416

Applied

Not Appl

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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES, FL 33134

Name

RICHARD A SPAHN

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

6752 PINES BLVD

City

PEMBROKE PINES

FL

Zip Code

33024

03/14/03

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 so the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when changing)

DATE

9. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May  
Added to Fee

## 10. OFFICERS AND DIRECTORS

TITLE ☒ V  
NAME LOPEZ, MARIA ☐ Delete

STREET ADDRESS 2076 RIVER RUN CIRCLE EAST

CITY-ST-ZIP MIRAMAR, FL 33026

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

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TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

TITLE ☐ Delete

NAME ☐ Delete

STREET ADDRESS ☐ Delete

CITY-ST-ZIP ☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Add

NAME P/SITIA LOPEZ MARIA

STREET ADDRESS 12355 NE 13TH AVE

CITY-ST-ZIP NO. MIAMI FL 33161

TITLE ☐ Change ☐ Add

NAME ☐ Change ☐ Add

STREET ADDRESS ☐ Change ☐ Add

CITY-ST-ZIP ☐ Change ☐ Add

TITLE ☐ Change ☐ Add

NAME ☐ Change ☐ Add

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TITLE ☐ Change ☐ Add

NAME ☐ Change ☐ Add

STREET ADDRESS ☐ Change ☐ Add

CITY-ST-ZIP ☐ Change ☐ Add

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 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 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if so, or on an attachment with an address, with all other like empowered.

SIGNATURE: Maria Lopez  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-03 305-893-1908  
Date Daytime Phone #