

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

pg 1 of 2

DOCUMENT # P01000075633

1. Entity Name

Nationwide Van Lines Express, Cor, Inc

FILED

02 NOV - 15 PM 3:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

5900 DEWEY STREET

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Hollywood FL

City & State

Zip

33023

Country

US

Zip

Country

4. FEI Number

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Sigalit Sustiel

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

5900 DEWEY ST

City

Hollywood FL

FL

Zip Code

33023

**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

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
NAME
STREET ADDRESS
CITY-ST-ZIP
SIGALIT SUSTIEL
5900 DEWEY ST
Hollywood FL 33023
PRESIDENT

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

000009120710
11/20/02--01082--022 **150.00

TITLE
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CR2E034B (12/01)

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

11/13/02

Daytime Phone #

951-965-0099

NATIONWIDE VAN LINES EXPRESS.COM, INC.
5900 DEWEY STREET
HOLLYWOOD, FL 33023

October 25, 2002

Department of state
Division of Corporations
409 East Gaines St.
Tallahassee, FL 32399

Re: Corporation renewal

Dear Sir or Madam:

I ask that the penalty for the failure to file an annual report be waived. I incorporated in 2001 and had no idea that a renewal form has to be mailed. I never received the notice and only found out about I was informed that my corporation was dissolved. The penalty will create a hardship for my business and ask that you please waive it.

Enclosed is my reinstatement form with my fee of \$150.00 for the year 2002.

Thank you very much for your help and understanding.

Sincerely,

Sigalit Sustiel