2002 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 11, 2002 8:00 am Secretary of State

07-30-2002 90378 027 ***150.00

DOCUMENT# P0100076903

SIGNATURE

"EAGLE" HAULING, CLEANING & MOVING CORPORATION Principal Place of Business Mailing Address 41257 1299 NE 147TH STREET PO BOX 681829 MIAMI-DADE FL 33161 MIAMI-DADE FL 33168-1829 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired **Current Registered Agent** 7. Name and Address of New Registered Agent JOHNSON, AARON L JR Street Address (P.O. Box Number is Not Acceptable) **1299 NE 147TH STREET** MIAMI-DADE FL 33161 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 Fiorida. I am familiar with, and accept SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, DITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition NAME JOHNSON, AARON L SR NAME STREET ADDRESS **1299 NE 147TH STREET** STREET ADDRESS CITY-ST-7IP MIAMI-DADE FL 33161 CITY-ST-ZIP TITLE ☐ Delete me ☐ Chance ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST_ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET AODRESS CITY-ST-ZIP does not qualify for the exemption stated in Section 119.07(3)(I). Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director products the report as required by Chapter 507. Florida Statutes; and that my name appears in Block 11 or Block 12. 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental report is true and of the corporation or the referen or rustee empowered to changed, or on an attackment with antaddress, with all own

attachment

Eagle Hauling, Cleaning & Moving Corp. P.O. Box 681829 Miami-Dade, Fl. 33168-1829

41257

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, Fl. 32302-1500

July 25, 2002

Reference: Document # PO1000076903

Dear Sir or Madam:

I had received a bill for the amount of \$500.00 for renewal, which your company never mailed to me any renewal forms. I had spoken to a representative from your company and was informed to write a letter to the State of Florida along with a remittance of \$150.00.

In the future I would like to be notify in advance for the renewal of my license, thus making it impossible for my company to be penalize.

If you have any questions or concerns, please feel free to write to me.

Thank you for your time and cooperation.

Sincerely,

Aaron L. Johnson, Sr.

CEO, Eagle Hauling, Cleaning & Moving Corp.

CC: File

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