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FILED
Jun 09, 2003 8:00 am
Secretary of State
05-05-2003 91769 044 ***150.00

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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P02000121957

1. Entity Name
GOLDEN GLOVE MOVING AND STORAGE, INC.

Principal Place of Business	Mailing Address
1919 N.W. 19TH STREET FORT LAUDERDALE, FL 33311	1919 N.W. 19TH STREET FORT LAUDERDALE, FL 33311

2. Principal Place of Business		3. Mailing Address	
		P.O. BOX 5722	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State: Ft. lauderdale, FL	
Zip	Country	Zip: 33310	Country: Broward

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number: 02-0651035 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
ELKIN, STEVEN C ESQ.
FRANK, WEINBERG & BLACK, P.L.
7806 S.W. 6TH COURT
PLANTATION, FL 33324

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 ______________________ DATE

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	President	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	LUZ GIZEL ARANA		NAME		
STREET ADDRESS	1919 NW 19 St		STREET ADDRESS		
CITY-ST-ZIP	Ft Lauderdale, FL 33311		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
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TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

CR2E034 (10/02)

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] 4/28/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #