

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000126722

1. Entity Name  
UNION VANLINES INC.



Principal Place of Business  
4527-2 NORTH PINE ISLAND ROAD  
SUNRISE, FL 33351

Mailing Address  
4527-2 NORTH PINE ISLAND ROAD  
SUNRISE, FL 33351

2. Principal Place of Business  
10244 NW 50<sup>th</sup> St  
Suite, Apt. #, etc.

3. Mailing Address  
10244 NW 50<sup>th</sup> St  
Suite, Apt. #, etc.

08112004 Chg-P CR2E034 (10/03)

City & State  
Sunrise

City & State  
Sunrise Florida

4. FEI Number ☒ Applied For  
Not Applicable

Zip 33351 Country Broward

Zip 33351 Country

5. Certificate of Status Desired ☒ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

ROSADO, SAGIT  
4527-2 NORTH PINE ISLAND RD  
SUNRISE, FL 33351

## 7. Name and Address of New Registered Agent

Name Ronen Still  
Street Address (P.O. Box Number is Not Acceptable)  
10244 NW 50<sup>th</sup> St  
City Sunrise FL Zip Code 33351

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 *Ronen Still* President 8-1-04  
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  
Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROSADO, SAGIT 4527-2 NORTH PINE ISLAND RD SUNRISE, FL 33351 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Ronen Still 10244 NW 50 <sup>th</sup> street Sunrise, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	800040288198 08/18/04 01042-009 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ronen Still* 8-1-04 954-444-2461  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

04 AUG 18 PM 2:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

