FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # P04 000 (37823					.D		
1. Entity Name  BF. MOVERS INC				2005 Nov.			
				2005 NOV 14 AI	†II: 57		
				SECRETARY DE	STATE		
DO NOT WRITE IN THIS SPACE				SECRETARY OF TALLAHASSEE.F	LORIDA		
		,	_				
2. Principal Place of Business					·	_ ~-	
Suite, Apt. #, etc.	Suite, Apt. #, etc			REINSTATE	THE T	25	
City & State	City & State			4. FEI Number		died For	
DAVIE FL		DAVIE FL		2020-80		Applicable	
Zip Country BROWARD	Zip <b>33314</b>	Country	MARS	5. Certificate of Status Desired	\$8.75 Addity Fee Required	ional	
3331   121004113		-		7. Name and Address of Curren	<del></del>		
- DO-NOT-WRITE Sireet				22 KEL TWEG			
·			Street Address (P.O. Box Number is Not Acceptate)				
IN THIS SF	ACE		- 100	V			
			City DEC	P.W. i Z J	FL Zip Code		
8. The above named entity submits this statement for	or the purpose of changing its	registered			orida.	17	
V Med					1 1 0		
SIGNATURE Spullura, hyperd or printed name of registered agent	and title if applicable (MOTE	· Heg-steren Ad	joni signature required i	where reinstating)	20/05/17	_	
9. This corporation is eligible to satisfy its Intangible	January 1 - M			10. Election Campaign Fi	,		
Tax filing requirement and elects to do so. (See criteria on back)	After May Amended	UBR is	61.25	Trust Fund Contribution		May Be o Fees	
11. OFFICERS AND	Make Check Payab DIRECTORS	ie to Depa	inment of Stat	B\			
TUSAISSIN JIM		TITLE				9	
HAME YZHZZKEL TWZG- STREET ADDRESS 7435 W. 44 & ST #1208		NAME STREET A	LODRESS			3 (12	
CITY-ST-ZIP LAUDERHILL FL		CITY-ST	3			CR2E034B (12/01)	
TITLE V.P.		TITLE				R2E	
NAME YAIR SHATI'L STREET ADDRESS 3400 SRINGBUY	FF PLACE	NAME STREET	NDORESS	100061	48612 <b>1</b> 0010 **150.0		
1 · · · · · · · · · · · · · · · · · · ·	L 33319	CITY-ST	ZIP	11/16/050105	3010 **150.0	10	
TITLE		- TITLE NAME				Ì	
STREET ADDRESS	ر بر. <u> </u>	STREET	DDBESS _	- DO-NAT-	MDITE	€.	
CITY-ST-ZIP		CITY-ST	ZIP		WRITE		
TITLE NAME		TITLE NAME		IN THIS	SPACE		
STREET ADDRESS		STREET	ODRESS				
CITY-ST-ZIP		CłTY-ST	- ZIP				
TITLE		TITLE NAME	]				
NAME STREET ADDRESS		STREET A	ADDRESS				
CITY-ST-ZIP		CITY-ST	- ZIP				
THE	_	TATLE					
NAME STREET ADDRESS		NAME STREET A	NDORESS				
CITY-SI-ZIP		City-SF			·		
13. I hereby certify that the information supplied with indicated on this report or supplemental report is	n this filing does not qualify for s true and accurate and that n	the exemp	ition stated in Sec shall have the s	ction 119.07(3)(i), Florida Statutes. ame legal effect as if made under	I further certify that the info oath; that I am an officer or	ornation director	

indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or direction 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 O

1/20/05 Date:

(821/18-33/8)

BF MOVERS INC. 4485 Sterling Road Suite # 107 Davie, FL 33314 (954) 793-3348

Reference #: P04000137823

November 1, 2005

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Florida Department of State

To Whom It May Concern:

Please be advised that we have not received a first or second notice regarding the Corporate Annual Report.

We are attaching all necessary documents and a check in the amount of \$150.00 for reinstatement.

If I can be of any further assistance, please do not hesitate to call.

Sincerely,

Yehezkel Tweg

President