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FILED
May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000260 (8)

1. Corporation Name

BUDGE IT MOVING & STORAGE INCORPORATED

Principal Place of Business
2052 N/E 153 ST.
NORTH MIAMI BEACH FL 33162
US

Mailing Address
2052 N/E 153 ST.
NORTH MIAMI BEACH FL 33162-8020
US



2. Principal Place of Business
21 650 N.W. 105th Street
Suite, Apt. #, etc.
22 City & State
23 Miami, Florida
Zip Country
24 33150 25 US

2a. Mailing Address
26 650 N.W. 105th Street
Suite, Apt. #, etc.
27 City & State
28 Miami, Florida
Zip Country
29 33150 30 US

3. Date Incorporated or Qualified
12/28/1992

3a. Date of Last Report
05/14/1996

4. FEI Number
65-0387603

Applied For
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

TAL, LAVIE
134 BISCAYNE BLVD / STE - 810
N MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name

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

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	President
NAME	LAVE, TAL	1.2 NAME	Lave, Tal
STREET ADDRESS	117 N.E. 3 STREET	1.3 STREET ADDRESS	117 N.E. 3rd Street
CITY-ST-ZIP	HALLANDALE FL	1.4 CITY-ST-ZIP	Hallandale, Florida
TITLE	TD	2.1 TITLE	Secretary Director
NAME	SHALIM, HAIM	2.2 NAME	117 N.E. 3rd Street
STREET ADDRESS	117 N.E. 3 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLANDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0220712

CR2E034 (9/96)