

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -6 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000030665 (2)

1. Corporation Name

BUDGET MINI-STORAGE, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/27/1993 3a. Date of Last Report 02/08/1994

4. FEI Number APPLIED FOR 65-0455172 Applied For Not Applicable

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

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

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

2. Principal Place of Business 2a. Mailing Address
21 2901 south Bayshore Drive 26 2901 south Bayshore Drive
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 7E 27 7E
City & State City & State
23 Coconut Grove, Florida 28 Coconut Grove, Florida
Zip Country Zip Country
24 33133 25 USA 29 33133 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, VICTOR
7300 PONCE DE LEON RD
MIAMI FL 33143

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
2901 south Bayshore Drive, 7E
83
84 City Coconut Grove FL 85 Zip Code 33133

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

(Print or type printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE D
NAME BROWN, VICTOR
STREET ADDRESS 7300 PONCE DE LEON RD
CITY-ST-ZIP MIAMI FL 33143
2. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
4. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
5. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
6. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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. I am an officer or director of the corporation or the receiver or trustee of the corporation. I file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or on an attachment with an address.

SIGNATURE:

(SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR)

1/26/95 442-2556
Typed Name #