

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90350 008 ***150.00

DOCUMENT # **p93000048348**

1. Entity Name

Admired Movers Inc. ✓

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4100 No Powerline Rd.

3. Mailing Address

4100 No Powerline Rd.

Suite, Apt. #, etc.

Bldg 0 Ste 03

Suite, Apt. #, etc.

Bldg 0 Ste 03

City & State

Pompano Bch, FL

City & State

Pompano Bch, FL

Zip

33073

Country

USA

Zip

33073

Country

USA

4. FEI Number

650372989

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

Dennis Cyriacks

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

3185 Dogwood Lane

City

Margate

FL

Zip Code

33063

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

President
Dennis Cyriacks
3185 Dogwood Lane
Margate, FL 33063

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

Secretary
Dorothy Cyriacks
3185 Dogwood Lane
Margate, FL 33063

TITLE
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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 11 or on an attachment with an address, with all other like empowerments.

SIGNATURE:

Dorothy Cyriacks, Secretary / Dorothy Cyriacks 4/30/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

954-979-3838

CR2E034B (12/01)