

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 23, 2002 8:00 am**  
**Secretary of State**

05-23-2002 90023 007 \*\*\*150.00

**DOCUMENT # P93000063202**

**1. Entity Name**  
**GONZALEZ & SON MOVERS, INC.**

**Principal Place of Business**

**13868 SW 90 AVE**  
**MIAMI FL 33176**  
**US**

**Mailing Address**

**13868 SW 90 AVE STE MM-105**  
**MIAMI FL 33176**  
**US**



**2. Principal Place of Business**

**17053 SW 1380T**  
**Mi. Fl 33157**

**3. Mailing Address**

**17053 SW 1380T**  
**Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

**City & State**

**Miami, FL 33157**  
**Zip 33157**  
**Country Dade**

**City & State**

**Miami, FL**  
**Zip 33157**  
**Country Dade**

**4. FEI Number**

**65-0434875**

**Applied For**

**Not Applicable**

**5. Certificate of Status Desired**

☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GONZALEZ, ABRAHAM S**  
**13868 SW 90 AVE**  
**MIAMI FL 33176**

**7. Name and Address of New Registered Agent**

**Gonzalez Sabas R**  
**Street Address (P.O. Box Number is Not Acceptable)**  
**17053 SW 1380T**  
**City Miami, FL Zip 33157**

**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)

**FILE NOW!!! FEE IS \$150.00**

**After May 1, 2002 Fee will be \$550.00**

**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**

<b>TITLE</b>	<b>P</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>GONZALEZ, SABAS R</b>	
<b>STREET ADDRESS</b>	<b>14805 SW 124TH PL</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33186</b>	
<b>TITLE</b>	<b>ST</b>	<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>GONZALEZ, ANA G</b>	
<b>STREET ADDRESS</b>	<b>14805 SW 124TH PL</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33186</b>	
<b>TITLE</b>	<b>VP</b>	<input checked="" type="checkbox"/> <b>Delete</b>
<b>NAME</b>	<b>GONZALEZ, ABRAHAM S</b>	
<b>STREET ADDRESS</b>	<b>14805 SW 124TH PL</b>	
<b>CITY-ST-ZIP</b>	<b>MIAMI FL 33186</b>	
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> <b>Delete</b>
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b>	<b>Gonzalez Sabas R</b>	<input checked="" type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>17053 SW 1380T</b>		
<b>STREET ADDRESS</b>	<b>Miami, FL 33157</b>		
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>	<b>Gonzalez Abraham S</b>	<input checked="" type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>	<b>17053 SW 1380T, M.F. 33157</b>		
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			
<b>TITLE</b>		<input type="checkbox"/> <b>Change</b>	<input type="checkbox"/> <b>Addition</b>
<b>NAME</b>			
<b>STREET ADDRESS</b>			
<b>CITY-ST-ZIP</b>			

**13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:**

**SIGNATURE REQUIRED**

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**Date**

**Daytime Phone #**

**4/29/02 305-3788535**

CR2E034 (9/01)