

2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 01, 2008 8:00 am
Secretary of State

04-01-2008 90009 047 ***150.00

DOCUMENT # P93000063202

1. Entity Name

GONZALEZ & SON MOVERS, INC.



Principal Place of Business

**14520 SW 179 LANE
MIAMI FL 33177
US**

Mailing Address

**14520 SW 179 LANE
MIAMI FL 33177
US**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E034 (10/07)

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

7. Name and Address of New Registered Agent

**GONZALEZ, SABAS
14520 SW 179 LANE
MIAMI FL 33177**

Name

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

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when consolidating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2008 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	GONZALEZ, SABAS	
STREET ADDRESS	14520 SW 179 LANE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GONZALEZ, ABRAHAM S	
STREET ADDRESS	14520 SW 179 LANE	
CITY-ST-ZIP	MIAMI FL 33177	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/18/08

ATTACHMENT

40056304
#P93000063202

DTN: 1637267 IM644

1. Registered Business Name and Primary Business Location:

Name: GONZALEZ & SON MOVERS, INC

Street Address: 14520 SW 179TH LN

City, State and Zip: MIAMI, FL 33177-2631

Phone: 305-378-8535

FEIN: 65-0434875

Fax: 305-254-0304

E-mail: gonzalezandsonmovers@hotmail.com

Web site: _____

2. Mailing Address (if different):

Street Address: 14520 SW 179TH LN

City, State and Zip: MIAMI, FL 33177-2631

Phone: _____

3. Trade or fictitious name(s):

a. _____ Date Registered: _____

b. _____ Date Registered: _____

4. Other business locations (attach additional sheets indicating question number, if necessary):

a. Name: _____

Address: _____

City, State, and Zip: _____ Phone: _____

b. Name: _____

Address: _____

City, State, and Zip: _____ Phone: _____

5. If a corporation, please complete the following

a. State of incorporation Florida

b. Date of incorporation: September 10, 1993

c. Charter Number: _____

d. If a foreign corporation, date registered with State of Florida: _____

e. Occupational license numbers, if applicable: _____

6. Full name of the registered agent: SABAS GONZALEZ

Street Address: 14520 SW 179TH LN

City: Miami

State: FL

Zip Code: 33177

Mailing Address (if different): 14520 SW 179TH LN

City: MIAMI

State: FL

Zip Code: 33177-2631

ATTACHMENT

40056304

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d. had a judgment entered in any action brought by the department or the Department of Legal Affairs pursuant to Chapter 507 or ss.501.201-501.213, Florida Statutes ? YES _____ NO _____

10. Name of liability insurance carrier (please provide proof of coverage) :

Name of carrier: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: _____

11. Is the mover licensed/registered in any county or municipality ? YES _____ NO X

Name the counties or municipalities (Attach additional sheets indicating question number, if necessary. Please provide copy of registration certificate or license for each.) :

Prepared by: _____

(PRINT NAME)

Date: _____

(SIGNATURE*)

* attests that person is authorized to complete application and the information provided is true and accurate