## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # P93000086483 1. Entity Name GOLDEN GLOVE MOVING & STORAGE, INC. 01-28-2000 90073 033 \*\*\*150.00 Mailing Address Principal Place of Business 4100 B. POWERLINE RD., SUITE S3 3111 S.W. 14TH CT POMPANO BEACH FL 33073-3026 1111111400 POMPANO BEACH FL 33069 us 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4. FEI Number Applied For City & State 95-2653439 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired П Fee Required 7.- Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DELGARDO, JOHN Street Address (P.O. Box Number is Not Acceptable) 3963A COCOPLUM CR. **COCONUT CREEK FL 33066** FI of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11, OFFICERS AND DIRECTORS Addition ☐ Delete TITLE TITLE sown DelGardo DELGARDO, JOHN NAME STREET ADDRESS STREET ADDRESS 3963-A COLCOPLUM CIR. CITY-ST-ZIP CITY-ST-7IP COCONUT CREEK FL 33063 Addition ☐ Delete TITLE TITLE NAME DELGARDO, MICHELE NAME STREET ADDRESS STREET ADDRESS 3963-A COCOPLUM CIR. CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL 33063 ☐ Change " Addition ŤΠF 🔲 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change □ Addition Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS 14.3 11 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Of Date Of Dayling Phone #