

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # P95000011584**

1. Entity Name

LATIN VAN LINES, INC.**FILED****May 01, 2000 8:00 am**
Secretary of State

05-01-2000 90493 024 ***150.00

Principal Place of Business

Mailing Address

3300 N.W. 67TH STREET
MIAMI FL 33147**3300 N.W. 67TH STREET**
MIAMI FL 33147-7551

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0554477

Applied For

Not Applicable

Zip

Country

Zip

Country

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

ROJAS, MANUEL J
3848 OAK RIDGE CIRCLE
WESTON FL 33331

Name

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

3300 N.W. 67 ST.City **MIAMI****FL**Zip Code **33147**

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☐ Delete
NAME **ROJAS, MANUEL J**
STREET ADDRESS **3848 OAK RIDGE CIRCLE**
CITY-ST-ZIP **WESTON FL 33331**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **7391 SW 115 ST.**
CITY-ST-ZIP **PINECREST, FL 33156**TITLE **D** ☐ Delete
NAME **ROJAS, BARBARA A**
STREET ADDRESS **353 W. 47TH ST. #9D**
CITY-ST-ZIP **MIAMI BEACH FL 33140**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8233 HARDING AVE., 302**
CITY-ST-ZIP **MIAMI BEACH, FL 33141**TITLE **D** ☒ Delete
NAME **ROJAS, EDWARD M**
STREET ADDRESS **4734 N.W. 98TH PLACE**
CITY-ST-ZIP **MIAMI FL 33178**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
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NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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

M. J. ROJAS**4/24/00**

Date

305-693-6683

Daytime Phone #