

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000026222

1. Entity Name

DMJ MOVING & STORAGE DISTRIBUTION SERVICES, INC.

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90034 036 ***150.00

Principal Place of Business

7685 NW 80TH TERRACE
MEDLEY FL 33166
US

Mailing Address

P O BOX 527225
MIAMI LAKES FL 33152-7225
US

2. Principal Place of Business

8205 NW 74TH AVENUE

3. Mailing Address

SAME AS PRINCIPAL ADDRESS

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MEDLEY, FL

City & State

4. FEI Number

65-0742483

Applied For

Not Applicable

Zip

33166

Country

USA

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MAYHUGH, MICHELLE A
16006 KILMARNOCK DR
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

MICHELLE A. MAYHUGH

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

8205 NW 74TH AVENUE

City

MEDLEY, FL

FL

Zip Code

33166

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

M. Mayhugh

MICHELLE A. MAYHUGH

1/26/01

Signature, typed or printed name of registered agent or 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, 2001 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

TITLE ☐ Delete
NAME D
STREET ADDRESS MAYHUGH, MICHELLE A
CITY-ST-ZIP 16006 KILMARNOCK DR
MIAMI LAKES FL 33014

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ 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)(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:

M. Mayhugh

MICHELLE A. MAYHUGH/DIRECTOR

1/26/01

(305)884-7448

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0498105