

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000044499

1. Entity Name

NETKING VAN LINES, INC.

FILED

May 05, 2001 8:00 am
Secretary of State

05-05-2001 90828 025 ***150.00

Principal Place of Business

Mailing Address

2714 N.W. 30TH AVE
LAUDERDALE LAKES FL 33311

2714 N.W. 30TH AVE
LAUDERDALE LAKES FL 33311

2. Principal Place of Business

3. Mailing Address

10870 NW 52 St #B 10870 NW 52 St

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Sunrise, Florida

#B
Sunrise, Florida

City & State

City & State

4. FEI Number 65-0758961

Applied For
Not Applicable

Zip 33351

Country USA

Zip 33351

Country USA

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

HAGEN & HAGEN, P.A.
3990 SHERIDAN ST., #104
HOLLYWOOD FL 33021

Name Hagen & Hagen, P.A.

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

3531 Griffin Rd

City Fort Lauderdale FL Zip Code 33312

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's 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PSTD
NAME YAIR, MALOL ☐ Delete
STREET ADDRESS 2714 N.W. 30TH AVE
CITY-ST-ZIP LAUDERDALE LAKES FL 33311

TITLE P ☒ Change ☐ Addition
NAME Yair, Malol
STREET ADDRESS 10870 NW 52 St. #B
CITY-ST-ZIP Sunrise FL 33351

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Yair Malol 4/21/01 (554) 742-2400

Date

Daytime Phone #

CR2E034 (10/00)