Applied For

\$8.75 Additional

Fee Required

Not Applicable

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P97000055408**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

TEMPO MOVING & STORAGE, INC.

Principal Place of Business	Mailing Address	
6780 NE 4TH AVE	P O BOX 402038	
MIAMI FL 33138	MIAMI BCH FL 33140	
*	US	

2a. Mailing Address

City & State

Suite, Apt. #, etc.

FILED Feb 01, 1999 8:00am **Secretary of State**

02-01-1999 90005 037 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

06/24/1997

65-0764083

4. FEI Number

City & Sta	te	City & State			6. Election Campaign	Financing	\$5.00	May Be	
23	· · · · · · · · · · · · · · · · · · ·	28			Trust Fund Contribu		Added t		
Zip	Country	Zip	Country		8. This corporation ow	es the current year in	tangible		
24	25	29	30		Personal Property 1	ax.	Yes	□No	
	9. Name and Address of Current	Registered Agent			10. Name and Addres	s of New Registered	Agent		
	A STATE OF THE STA	17.3% A. 17.1%	81	Name .					
	RVEY I. REISEMAN, P.A.		82	C1 A	(D.O. Bay North as in N	fot Assessable)	···		
422 NE 195 STREET				82 Street Address (P.O. Box Number is Not Acceptable)					
MIA	MIAMI FL 33179		83		114.3	(4) (基. 方, 角白 (5)	34 716	1971 5 1 1 2gb	
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1			84	City	** ' * ' ' '	C I	* 85 Zip (Code	
11. Pursuant	to the provisions of Sections 607.0502	and 607 1509. Florida Statutor	o the chave		acation auboita this statem	FL	-		
office or i	registered agent, or both, in the State of	l Florida. Such change was aut	thorized by t	the comoration	on's board of directors. I he	reby accept the appoi	changing its	registerea gistered	
agent.la	am familiar with, and accept the obligation	ons of, Section 607.0505, Flori	da Statutes.	,		, , ,			
SIGNATURE					<u> </u>				
ļ	Signature, typed or printed name of registered agent			signature require	ed when reinstating) ,	DATE			
12.	OFFICERS AND		13.			ES TO OFFICERS AN			
TITLE	PSD	☐ DELETE	1.1 TITLE		1.76		☐ Change	☐ Addition }	
NAME	GUEVARA, CARLOS A		1.2 NAME				•		
STREET ADDRESS	6780 NE 4TH AVE		1.3 STREET	ADDRESS				j	
CITY-ST-ZIP	MIAMI FL 33138		1.4 CITY-ST	- ZIP	<u> </u>				
TITLE		☐ DELETE	2.1 TITLE				Change	Addition	
NAME			2.2 NAME 1						
STREET ADDRESS			2.3 STREET	ADDRESS					
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TITLE		☐ DELETE	3.1 TITLE				Change	Addition	
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- 379	ME AND PRESE							.	
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TITLE		DELETE	4.1 TITLE				☐ Change	Addition	
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STREET ADDRESS		March Commence	4.3 STREET	ADDRESS			· •. ·		
CITY-ST-ZIP		`.`.	4.4 CITY-ST	ZIP		•	•		
TITLE		☐ DELETE	5.1 TTTLE				☐ Change	☐ Addition	
NAME			5.2 NAME		, , ,				
STREET ADDRESS	*		5.3 STREET	ADDRESS		•			
CITY-ST-ZIP	850	•	5.4 CITY-ST-	-ZIP	50 F 18				
TITLE	「大概変な行動を表示してよりになった。」 ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	☐ DELETE	6.1 TITLE		,		Change	Addition	
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7. 1		•							
CITY-ST-ZIP	. 4		6.4 CITY-ST-	-ZIF					

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.