

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000055408

1. Entity Name
TEMPO MOVING & STORAGE, INC.

Principal Place of Business
300 NE 67TH ST
MIAMI FL 33138
US

Mailing Address
P O BOX 402038
MIAMI FL 33140
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
300 N.E 67th ST
City & State
MIAMI, FL
Zip
33138 Country
U.S.

Suite, Apt. #, etc.
P.O. Box 402038
City & State
MIAMI BEACH, FL
Zip
33140 Country
FL

4. FEI Number 65-0764083

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

HARVEY I. REISEMAN, P.A.
422 NE 195 STREET
MIAMI FL 33179

7. Name and Address of New Registered Agent

Name HARVEY I. REISEMAN, P.A.
Street Address (P.O. Box Number is Not Acceptable)
422 N.E 195 ST
City MIAMI FL Zip Code 33179

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, 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 NAME STREET ADDRESS CITY-ST-ZIP	PSD GUEVARA, CARLOS A 6780 NE 4TH AVE MIAMI FL 33138	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

CARLOS GUEVARA

April 15/01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 31, 2001 8:00 am
Secretary of State

07-10-2001 90114 017 ***150.00
07-31-2001 90002 045 ***408.75



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)



Attachment # P97000055408
A0079806

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

July 11, 2001

TEMPO MOVING & STORAGE, INC.
P O BOX 402038
MIAMI, FL 33140 US

Subject: TEMPO MOVING & STORAGE, INC.

Reference Number: P97000055408

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The fee to file the profit annual report/uniform business report is \$150.00 plus \$400.00 late fee for a total of \$550.00. If a certificate of status is desired, please add an additional \$8.75.

There is a balance due of \$400.00.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/sr

ANNUAL REPORTS SECTION