

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000087060

1. Entity Name

CONGRESS VAN LINES, INC.

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90108 004 \*\*\*150.00

Principal Place of Business

838 N.E. 40TH CT.  
OAKLAND PARK FL 33334

Mailing Address

838 N.E. 40TH CT.  
OAKLAND PARK FL 33351-8077

2. Principal Place of Business

10279 N.W 53<sup>RD</sup> ST  
Suite, Apt. #, etc.

3. Mailing Address

10279 N.W 53<sup>RD</sup> ST  
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
SUNRISE FL

City & State  
SUNRISE FL

4. FEI Number 65-0815672

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

VAKNIN, MEIR  
838 N.E. 40TH CT.  
OAKLAND PARK FL 33334

7. Name and Address of New Registered Agent

Name VAKNIN, MEIR  
Street Address (P.O. Box Number is Not Applicable)  
10279 N.W 53<sup>RD</sup> STREET  
City SUNRISE FL Zip Code 33351

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 MEIR VAKNIN - President DATE MAR 14/00  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 State**

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	VAKNIN, MEIR	
STREET ADDRESS	838 NE 40TH CT.	
CITY-ST-ZIP	OAKLAND PARK FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAKNIN MEIR	
STREET ADDRESS	10279 N.W 53 <sup>RD</sup> STREET	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: MEIR VAKNIN - President DATE: MAR 14/00 954-741-8383  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)