FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # \$\overline{1} 970000 93775 USA Van Lives, Inc. 02 JAN 24 PM 4: 15 SECRETARY OF STATE DO NOT WRITE IN THIS SPACE Principal Place of Business 916 Pembroke DO NOT WRITE IN THIS SPACE Applied For uwcod Not Applicable Country Country \$8.75 Additional 009 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent Name DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 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. equired when reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible After May 1, Fee is \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS TITLE 100004865641--6 NAME NAME -02/05/02--01016---004 3976 Pembroke Rd STREET ADDRESS STREET ADDRESS \*\*\*\*308.75 \*\*\*\*308.75 dhiwood, FL 33009 CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP CITY-ST-7IP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

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 on an

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attachment with an address

SIGNATURE:

CR2E034B (12/01)

## ÜŠA VAN LINES, INC.

January 15, 2002

Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

Dear Sir or Madam:

It has just come to my attention that my corporation has been administratively dissolved for not filing its year 2001 Uniform Business Report.

Both my physical and mailing addresses had changed since the filing of my last report and I never received my renewal notices. Please accept the enclosed report and payment in satisfaction of this and last years' filing requirements.

Sincerely,

Nili Mordechai

President