

# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #

P98000010802

FILED

00 MAR 14 AM 11:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. Entity Name

Northeast Van Lines, Inc.

Principal Place of Business

Mailing Address

Same

327 S.W. 14th Ave  
Pompano Beach, FL 33069

2. Principal Place of Business

3. Mailing Address

327 S.W. 14th AVE  
Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
POMPANO, Bch. FLA.

City & State

4. FEI Number

65-0813749

Applied For

Not Applicable

Zip

Country

Zip

Country

33069

BROWARD

33069

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

Name

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

City

FL

Zip Code

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President/Director  
Theresa Carmen  
327 S.W. 14th AVE  
POMPANO, Bch. FLA 33069

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary/Director  
William G. Turner, Jr  
327 S.W. 14th AVE  
POMPANO, Bch. FLA 33069

☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003178922-3  
-03/22/00--01006--015  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
200003178922-3  
-03/22/00--01006--016  
\*\*\*\*150.00 \*\*\*\*150.00

☐ Change ☐ Addition

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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:

WILLIAM G TURNER JR  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/2000  
Date

954 783 9494  
Daytime Phone #

CR2E034 (9/99)

KE