

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90285 008 ***150.00

DOCUMENT # P98000022541



1. Entity Name
L.H. MOVING SERVICES, INC.

Principal Place of Business
**2247 N.W. 95TH ST.
MIAMI FL 33147**

Mailing Address
**2247 N.W. 95TH ST.
MIAMI FL 33147**

11015033



2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

CHECK HERE IF MAKING CHANGES

4. FEI Number **52-2116412**
Applied For
 Not Applicable

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**

**THOMAS, FAYES F JR
16 S.W. 1ST AVE.
MIAMI FL 33130**

Name **LOUIS HARRELL JR.**
Street Address (P.O. Box Number is not acceptable) **2247 N.W. 95th STREET**
City **MIAMI** FL **33147**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]* **LOUIS H. HARRELL JR.** DATE **4-25-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HARRELL, LOUIS	
STREET ADDRESS	2247 N.W. 95TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	MS	<input type="checkbox"/> Delete
NAME	SALTERS, SHEILA H	
STREET ADDRESS	13001 NW 12TH STREET	
CITY-ST-ZIP	PEMBROOK FL 33028	
TITLE	S	<input type="checkbox"/> Delete
NAME	HARRELL, SHEKEITA G	
STREET ADDRESS	2247 NW 95TH STREET	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE		<input type="checkbox"/> Delete
NAME		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **LOUIS HARRELL SR.** DATE: **4-25-03** (305) 836-7127

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/02)