


FILED
Mar 29, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000041828

1. Corporation Name

A MILLENIUM MOVING & STORAGE, CO., INC.

Principal Place of Business 3120 NW 122ND AVE SUNRISE FL 33323	Mailing Address 3120 NW 122ND AVE SUNRISE FL 33323
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

65-0871010

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional Fee Required6. Election Campaign Financing ☐**\$5.00** May Be Added to Fees8. This corporation owes the current year intangible Personal Property Tax. ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name	RAFFAEL MOSHKOVITZ
82 Street Address (P.O. Box Number is Not Acceptable)	3120 NW 122ND AVENUE
83	
84 City	SUNRISE
85 Zip Code	FL 33323

2. Principal Place of Business

21 1380 NW 65TH AVENUE

2a. Mailing Address

28 1380 NW 65TH AVENUE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 BAY C**27 BAY C**

City & State

City & State

23 PLANTATION, FL**28 PLANTATION, FL**

Zip

Zip

Country

Country

24 33313**25 BROWARD****29 33313****30 BROWARD**

9. Name and Address of Current Registered Agent

MOSHKOVITZ, KAREN
3120 NW 122ND AVE
SUNRISE FL 33323

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

MOSHKOVITZ, RAFFAEL**4-16-99**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSHKOVITZ, KAREN	
STREET ADDRESS	3120 NW 122ND AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MOSHKOVITZ, RAFFAEL	
STREET ADDRESS	3120 NW 122ND AVE	
CITY-ST-ZIP	SUNRISE FL 33323	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Treasurer:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Moshkovitz, Karen	
1.3 STREET ADDRESS	3120 NW 122nd Avenue	
1.4 CITY-ST-ZIP	Sunrise, fl 33323	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Yehuda, Yoram	
2.3 STREET ADDRESS	7801 Nutmeg Way	
2.4 CITY-ST-ZIP	Tamarac, FL 33321	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **MOSHKOVITZ, RAFFAEL**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-99 (954) 583-2828
 Date Daytime Phone #

CR2E034 (11/98)