2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State DOCUMENT # **P98000041828** A MILLENIUM MOVING & STORAGE, CO., INC. 05-15-2000 90282 021 ***150.00 Mailing Address Principal Place of Business 1380 NW 65TH AVENUE 1380 NW 65TH AVENUE BAY C BAY C PLANTATION FL 33313 **PLANTATION FL 33313-4555** 3. Mailing Address 2. Principal Place of Business 1380-C NW 65TH AVENUE 1380-C NW 65TH AVENUE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. BAY C BAY C Applied For 4. FEI Number City & State City & State 65-0871010 Not Applicable PLANTATION, PLANTATION, FLFLCountry \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 33313 **BROWARD** 33313 BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAT TOUBOUL MOSHKOVITZ, RAFFAEL Street Address (P.O. Box Number is Not Acceptable) 3120 NW 122ND AVE SUNRISE FL 33323 1312 Y 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 (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed r FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition 🔀 Delete TITLE OSHRAT TOUBOUL 2515 POURST #8 HULLY WOOD FL 35321 MOSHKOVITZ, KAREN NAME 3120 NW 122ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP SUNRISE FL 33323 CITY-ST-ZIP Change ☐ Addition Delete TITLE MOSHKOVITZ, RAFFAEL NAME NAME STREET ADDRESS 3120 NW 122ND AVE STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33323 CITY-ST-ZIP ☐ Addition Change Delete TITLE TITI F YEHUDA, YORAM NAME NAME STREET ADDRESS STREET ADDRESS 7801 NUTMEG WAY CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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: .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR