

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
 05-15-2002 90095 020 ***150.00

DOCUMENT # P98000041828

1. Entity Name

A MILLENIUM MOVING & STORAGE, CO., INC.

Principal Place of Business

**1360 NW 65TH AVENUE
 BAY * C*
 PLANTATION FL 33313**

Mailing Address

**1360 NW 65TH AVENUE
 BAY * C*
 PLANTATION FL 33313**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1360-C NW 65TH AVENUE
 Suite, Apt. #, etc.

3. Mailing Address

1360-C NW 65TH AVE
 Suite, Apt. #, etc.

City & State

SUNRISE, FL

City & State

SUNRISE, FL

4. FEI Number

65-0871010

Applied For

Not Applicable

Zip

33313

Country

BROWARD

Zip

33313

Country

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**TOUBULL, OSTIRAT
 2515 POLK ST
 #8
 HOLLYWOOD FL 33324**

7. Name and Address of New Registered Agent

Name: **YORAM YEHUODA**
 Street Address (P.O. Box Number is Not Acceptable)
1801 NUTMEG WAY
 City: **TAMARAC** FL Zip Code: **33321**

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 **YORAM YEHUODA**

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

(NOTE: Registered Agent signature required when reinstating)

4-24-02

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, 2002 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

TITLE **D** ☒ Delete
 NAME **TOUBOUL, OSHRAT**
 STREET ADDRESS **2515 POLK ST #8**
 CITY-ST-ZIP **HOLLYWOOD FL 33324**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PRESIDENT** ☒ Change ☒ Addition
 NAME **YORAM YEHUODA**
 STREET ADDRESS **1801 NUTMEG WAY**
 CITY-ST-ZIP **TAMARAC, FL 33321**

TITLE **PRESIDENT** ☒ Change ☐ Addition
 NAME **YORAM YEHUODA**
 STREET ADDRESS **1801 NUTMEG WAY**
 CITY-ST-ZIP **FL 33321**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 Block 12 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: **YORAM YEHUODA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-02 (954)583-2828

Date Daytime Phone #

CR2E034 (9/01)