

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000048888

1. Entity Name

ANCHOR VAN LINES, INC.

**FILED**  
**May 23, 2000 8:00 am**  
**Secretary of State**

05-23-2000 90225 043 \*\*\*150.00

Principal Place of Business

Mailing Address

1382 NW 123 AVE  
 PEMBROKE PINES FL 33026

1382 NW 123 AVE  
 PEMBROKE PINES FL 33026-4300

2. Principal Place of Business

1382 NW 123 AVE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

Country

Suite, Apt. #, etc.

City & State

Zip

33026

1382 NW 123 AVE  
 SAME

PEMBROKE PINES FLORIDA

33026



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0844443

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

JAWORSKI, MARIUSZ  
 1382 NW 123 AVE  
 PEMBROKE PINES FL 33026

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-26-00

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 PSTD  
 NAME JAWORSKI, MARIUSZ  
 STREET ADDRESS 1382 NW 123 AVE  
 CITY-ST-ZIP PEMBROKE PINES FL 33026 ☐ Delete

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

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP ☐ Delete

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 CITY-ST-ZIP ☐ Delete

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

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:

*Mariusz Jaworski*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-26-00 954-868-6819

CR2E034 (9/99)