

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000065340

1. Entity Name

STORAGE EXPRESS II, INC.

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90289 013 ***150.00

Principal Place of Business

4111 N. 42ND TERRACE
HOLLYWOOD FL 33021
US

Mailing Address

4111 N. 42ND TERRACE
HOLLYWOOD FL 33021
US

2. Principal Place of Business

500 GREEN ROAD

3. Mailing Address

500 GREEN ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL

City & State

POMPANO BEACH, FL

Zip

33064

Country

USA

Zip

33064

Country

USA

6. Name and Address of Current Registered Agent

ELEFANT, REUBEN
7400 WEST OAKLAND PARK BLVD
LAUDERHILL FL 33319

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

500 GREEN ROAD

City

POMPANO BEACH

FL

Zip Code

33064

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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, 2001 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	P	<input type="checkbox"/> Delete
NAME	ELEFANT, REUBEN	
STREET ADDRESS	7400 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUS, ELYEZER	
STREET ADDRESS	7400 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	T	<input type="checkbox"/> Delete
NAME	HUS, EDNA	
STREET ADDRESS	7400 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE	S	<input type="checkbox"/> Delete
NAME	ELEFANT, BAT-SHEVA	
STREET ADDRESS	7400 WEST OAKLAND PARK BLVD	
CITY-ST-ZIP	LAUDERHILL FL 33319	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: BAT-SHEVA ELEFANT BAT-SHEVA ELEFANT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-01

Date

(954) 749-0595

Daytime Phone #

CR2E034 (10/00)