

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Jul 12, 2000 8:00 am**  
**Secretary of State**

07-12-2000 90013 005 \*\*\*550.00

**DOCUMENT # P98000066356**

1. Entity Name

**PACIFIC VAN LINES, INC.**

Principal Place of Business

5201 SW 31ST AVE #106  
FT LAUDERDALE FL 33312-6922

Mailing Address

5201 SW 31ST AVE #106  
FT LAUDERDALE FL 33312-6922

2. Principal Place of Business

**709 W. Dixie HWY**

Suite, Apt. #, etc.

3. Mailing Address

**5201 SW 31ST AVE #106**

Suite, Apt. #, etc.

**#106**

City & State

**Hallandale FL**

City & State

**FT Lauderdale FL**

4. FEI Number

**65-0854273**

Applied For

Not Applicable

Zip

**33009**

Country

**U.S.**

Zip

**33312-6922**

Country

**U.S.**

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**KARAYOFF, DORON**  
**5201 SW 31ST AVE #106**  
**FT LAUDERDALE FL 33312-6922**

7. Name and Address of New Registered Agent

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

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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KARAYOFF, DORON</b>	
STREET ADDRESS	<b>5201 SW 37TH ST</b>	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33312</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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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		
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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:

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

**7/7/00**  
Date

**954-485-7893**  
Daytime Phone #

CR2E034 (5/00)