## **2001 UNIFORM BUSINESS REPORT (UBR)**

of the corporation or the receiver changed, or on an attachment w

SIGNATURE

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OR DIRECTOR

Daytime Phone #

an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

## May 15, 2001 8:00 am Secretary of State DOCUMENT # P98000079221 1. Entity Name CONFIANCA MOVING, INC. 05-15-2001 90051 019 \*\*\*150.00 Principal Place of Business Mailing Address 3545 N.W. 58TH ST. 3545 N.W. 58TH ST. 654684 MIAMI FL 33142 MIAMI FL 33142 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0868886 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DINIS, LUIS C Street Address (P.O. Box Number is Not Acceptable) 11530 N.W. 50TH TERR. MIAMI FL 33178 Zip Code FL 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Change ■ Addition ☐ Delete TITLE NAME DINIS, LUIS C NAME STREET ADDRESS STREET ADDRESS 11530 N.W. 50 TERR. CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33178 Addition ☐ Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 of rustee emporered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if