

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000092922

1. Entity Name

EAST WEST EXPRESS VAN LINES, INC.

FILED

May 08, 2000 8:00 am  
Secretary of State

05-08-2000 90061 014 \*\*\*150.00

Principal Place of Business

Mailing Address

~~633 SW 3RD STREET~~  
~~HALLANDALE FL 33009~~  
~~US~~ 13833 NW 19th Ave  
Miami, FL 33054

633 SW 3RD STREET  
HALLANDALE FL 33009-6206  
US

2. Principal Place of Business

13833 NW 19th Ave

Suite, Apt. #, etc.

3. Mailing Address

PO Box 1322

Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Miami FL 33054

City & State

Hallandale FL

4. FEI Number

65-0874037

Applied For

Not Applicable

Zip

33054

Country

USA

Zip

33008

Country

USA

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

ORKABI, EYAL  
633 SW 3RD STREET  
HALLANDALE FL 33009

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 \$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 P  
NAME ORKABI, EYAL  
STREET ADDRESS ~~633 SW 3RD STREET~~ 13833 NW 19th Ave  
CITY-ST-ZIP ~~HALLANDALE FL 33009~~ Miami, FL 33054

TITLE  
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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

Date

Daytime Phone #

4/25/00 305/6870775

CR2E034 (9/99)