

2001 UNIFORM BUSINESS REPORT (UBR)

5/1

FILED
Jun 26, 2001 8:00 am
Secretary of State

05-16-2001 90253 022 ***150.00

DOCUMENT #

P980000 96855

1. Entity Name

Massado Moving
 and Storage Inc

Principal Place of Business

Mailing Address

2. Principal Place of Business

3895 pembroke Rd

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Hollywood

City & State

FLA

4. FEI Number

650875846

Applied For

Not Applicable

Zip

33081

Country

Broward

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DORON VAKNIN
 YAIR BUSKILA

7. Name and Address of New Registered Agent

Name: DORON VAKNIN
 Street Address (P.O. Box Number is Not Acceptable): 3895 pembroke Rd
 City: Hollywood FL Zip Code: 33021

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)

6/19/01

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	DORON VAKNIN	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3895 pembroke Rd	
CITY-ST-ZIP	Hollywood 33021	
TITLE	YAIR BUSKILA	<input type="checkbox"/> Delete
NAME		
STREET ADDRESS	3895 pembroke Rd	
CITY-ST-ZIP	Hollywood FLA 33021	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DORON VAKNIN	
STREET ADDRESS	3895 pembroke Rd	
CITY-ST-ZIP	Hollywood FLA 33021	
TITLE	Vice President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YAIR BUSKILA	
STREET ADDRESS	3895 pembroke Rd	
CITY-ST-ZIP	Hollywood 33021	
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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6/24/01

Daytime Phone #

CR2E034 (11/00)