

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000010951

1. Entity Name  
GLOBE VAN-LINES, INC.

Principal Place of Business  
17630 N.E. 8TH PL.  
NORTH MIAMI BEACH FL 33162

Mailing Address  
17630 N.E. 8TH PL.  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0889482**

Applied For

Not Applicable

Zip      Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

NAGAR, RIKY  
17630 N.E. 8TH PL.  
NORTH MIAMI BEACH FL 33162

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, 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      D  
NAME      NAGAR, RIKY  
STREET ADDRESS      17630 N.E. 8TH PL.  
CITY-ST-ZIP      NORTH MIAMI BEACH FL 33162

Delete

TITLE      D  
NAME      NAGAR, ISAAC  
STREET ADDRESS      17630 N.E. 8TH PL.  
CITY-ST-ZIP      NORTH MIAMI BEACH FL 33162

Delete

TITLE       
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

Delete

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE       
NAME       
STREET ADDRESS       
CITY-ST-ZIP     

Change     Addition

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:

*Riky NAGAR*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*11-26-01 305-770-1244*

Date

Daytime Phone #