

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2001 8:00 am
Secretary of State

05-21-2001 90033 003 ***150.00

DOCUMENT P99000032550

1. Entity Name

MOBILE SHELVING CORP.

Principal Place of Business

Mailing Address

658498

2. Principal Place of Business

1001 N. FEDERAL HWY

3. Mailing Address

1001 N. FEDERAL HWY

Suite, Apt. #, etc.

SUITE 202

Suite, Apt. #, etc.

SUITE 202

City & State

HALLANDALE, FL

City & State

HALLANDALE, FL

4. FEI Number

65-0909658

Applied For

Not Applicable

Zip
33009

Country
US

Zip
33009

Country
US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LEDUC, REJEAN
 1001 N FEDERAL HWY, STE 205
 HALLANDALE FL 33009

7. Name and Address of New Registered Agent

Name
LEDUC, REJEAN

Street Address (P.O. Box Number is Not Acceptable)

1001 N. FEDERAL HWY

SUITE 202

City
HALLANDALE

FL

Zip Code
33009

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
NAME
PSD LEROUX, FERNAND ☐ Delete
 STREET ADDRESS
2765 9e AVENUE
 CITY-ST-ZIP
STCHARLES DEDRUMMONE, QC J2B7T

TITLE
NAME
S MIRON, MARIUS V ☐ Delete
 STREET ADDRESS
1940 MADISON ST #4
 CITY-ST-ZIP
HOLLYWOOD FL 33020

TITLE
NAME
☐ Delete
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Delete
 STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
V ASSELIN, JEAN-GUY ☐ Change ☒ Addition
 STREET ADDRESS
165 BOIVIN
 CITY-ST-ZIP
MISTASSINI QC-G8M 2C9

TITLE
NAME
☐ Change ☐ Addition
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
 STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
☐ Change ☐ Addition
 STREET ADDRESS
CITY-ST-ZIP

3. 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:

JEAN-GUY ASSELIN

04/24/01

CR2F034 (10/00)