

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000041298

1. Entity Name

EASY MOVES, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90315 035 ***150.00

00002331

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4861 N. Dixie Highway
Suite 208
Ft. Lauderdale, FL 33334

SAME

2. Principal Place of Business

3. Mailing Address

1600 NW 83 Way
Suite, Apt. #, etc.

1600 NW 83 Way
Suite, Apt. #, etc.

City & State

Pembroke Pines, FL

City & State

Pembroke Pines, FL

4. FEI Number

65-0919894

Applied For

Not Applicable

Zip

33024

Country

US

Zip

33024

Country

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

Mitchel W. Roth
16459 NE 6 Avenue
North Miami Beach, FL 33162

7. Name and Address of New Registered Agent

Name

Mitchel W. Roth

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

1600 NW 83 Way

City

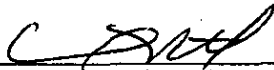
Pembroke Pines

FL

Zip Code
33024

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



MITCHEL W ROTH

4/23/00

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

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Delete

NAME

STREET ADDRESS

CITY- ST- ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☒ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY- ST- ZIP

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TITLE ☐ Change ☐ 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/00

Date

954-441-4255

Daytime Phone #

CR2E034 (9/99)