

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000079483

1. Entity Name  
**ON THE MOVE, INC.**

**FILED**  
**May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 90928 009 \*\*\*150.00

Principal Place of Business  
**4768 W. COMMERCIAL BLVD.  
TAMARAC FL 33319**

Mailing Address  
**4768 W. COMMERCIAL BLVD.  
TAMARAC FL 33319**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
**14810 Griffin Rd**  
Suite, Apt. #, etc.

3. Mailing Address  
**14810 Griffin Rd**  
Suite, Apt. #, etc.

City & State  
**Davie, FL**

City & State  
**Davie, FL**

4. FEI Number **65-0945933**

Applied For  
Not Applicable

Zip  
**33334**

Country  
**USA**

Zip  
**33331**

Country  
**U.S.A.**

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

**MIRET, RAFAEL M  
4768 W. COMMERCIAL BLVD.  
TAMARAC FL 33319**

Name **Rafael Miret**  
Street Address (P.O. Box Number is Not Acceptable)  
**4080 S.W. 139th Ave**  
City **Miramar** FL Zip Code **33027**

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

(NOTE: Registered Agent signature required when registering)

DATE

**4-15-01**

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

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

TITLE **PD** ☐ Delete  
NAME **MIRET, RAFAEL M**  
STREET ADDRESS **4768 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **TAMARAC FL 33319**

☒ Change ☐ Addition  
NAME **Rafael Miret**  
STREET ADDRESS **4080 S.W. 139th Ave**  
CITY-ST-ZIP **Miramar, FL 33027**

TITLE **VTD** ☐ Delete  
NAME **SEEWALD, JAY C**  
STREET ADDRESS **4768 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **TAMARAC FL 33319**

☒ Change ☐ Addition  
NAME **Jay C Seewald**  
STREET ADDRESS **7700 E. Upper Regi Dr**  
CITY-ST-ZIP **Parkland, FL 33067**

TITLE **S** ☒ Delete  
NAME **MANSOUT, JAMAL**  
STREET ADDRESS **4768 W. COMMERCIAL BLVD.**  
CITY-ST-ZIP **TAMARAC FL 33319**

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition  
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CITY-ST-ZIP

TITLE ☐ Delete  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ 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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-15-01 954-520-0301**

CR2E034 (10/00)