2002 UNIFORM BUSINESS REPORT (UBR)

	W. W.		a Maria		FILED	00	
2002 Uniform Business Report (UBR)				R)	May 12, 2002 8:00 am		
DOCUMENT # P99000108149			!		Secretary of St		
1. Entity Name CENTURY EXPRESS VAN LINES, INC.					03-28-2002 90014 039 13	0.00	
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Principal Place of Business Malling Address							
12717 WEST SUNRISE BOULEVARD 12717 WEST S SUITE 34 SUITE 34		12717 WEST SUNRISE BOU SUITE 34			, Fa		
SUNRISE FL 33323 SUNRISE FL 33323		SUNRISE FL 33323	#				
2. Principal Place of Business 1919 NW 19 Steet 1919 NW 19		7 Steert		- E I DEVINDO HE COMO RAHL ODKI BOHL BOKU HOLI BUYOK BUYOK IDKO INGK DEVOL GALI KANK			
Suite, Apt. #, etc. Suite, Apt. #, etc.		i olazi		DO NOT WRITE IN THIS SPACE			
Suite 701 Suite 701 City & State 0 City & State 0) . ()		4. FEI Number 65-0968082 Applie	·		
Fort Lauderdale, FL Fort Lauderd		Country Country	1-	S. Cardillanta of Status Papirod \$8.75 Addition	pplicable nal		
^{Zip} 333	6. Name and Address of Current	32311			7. Name and Address of New Registered Agent		
		Togistal va Pigott	Name (entr	ry-Express-VAW-Lines		
CENTURY EXPRESS VAN 12717 W SUNRISE BLVD #343			Street Address (P.O. Box Number & Not Acceptable)				
SUNRISE FL 33323			Suite 701				
				city Fort Lauderdale FL Zip SSS311			
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 BOR'S CAURS. Signature, typed or printed name of registered agent and site 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. FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Tous Find Contribution Added to Fees						Aay Be-	
Tax filing requirement and elects to do so. (See criteria on back) After May 1, 2002 Make Check Payable				t of State	Trust Fund Contribution. Added to I	Fees	
11.	OFFICERS AND	DIRECTORS Delete	12.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	Addition 5	
NAME	GAVERGUN, BORIS		NAME ,	1919 NIT 19 Steet, suite 701		(9/01) Addition	
STREET ADDRESS CITY-ST-ZIP	12717 WEST SUNRISE BOULEVARD SUITE 343 SUNRISE FL 33323		STREET ADDRESS CITY-ST-ZIP	Foet	Lauderdale, FL 33311	🔀	
TITLE	VSTD COUNTEDED TENING	Delete	TITLE NAME :		☐ Change	Addition O	
STREET ADDRESS	SCHNEIDER, JENNY 12717 WEST SUNRISE BOULEVA	ARD SUITE 343	STREET ADDRESS CITY-ST-ZIP				
TITLE	SUNRISE FL 33323	☐ Delete	TITLE		☐ Change ☐	Addition	
NAMESTREET ADDRESS			NAME STREET ADDRESS				
CITY-ST-ZIP		☐ Delete	CITY-SI-ZIP		☐ Change	Addition	
NAME		basis	NAME STREET ADDRESS				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP				
TITLE NAME	☐ Detete		TITLE NAME		☐ Change ☐	Addition	
STREET ADDRESS			STREET ADDRESS			}	
TITLE	☐ Delete		TITLE		☐ Change	Addition	
NAME STREET ADDRESS	.[NAME STREET ADDRESS				
CITY-ST-ZIP	pertity that the information standled with	this filing does not qualify for th	city-st-zip	ted in Secti	ion 119.07(3)(i), Florida Statutes. I further certify that the inform	nation	
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 important and 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 or on an attachment with an address, with all other like important and 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 of the corporation of the corporation of the corporation of the corporation of the receiver or trustee empowered to execute this report or trustee empowered to execute this report or trustee.							
SIGNATURE: BORS GAVERSIN TOR'S GAVERSIN 03/07/02 99+713-6222							