

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90104 046 ***150.00

DOCUMENT # **555020** ✓

1. Entity Name

EVER BEST VAN-LINE INCORPORATIONS

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

803 N.E. 199th STREET

3. Mailing Address

803 N.E. 199th STREET

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

102

City & State
MIAMI FLORIDA 33179

City & State
MIAMI FLORIDA 33179

Zip

Country

Zip

Country

4. FEI Number 65-0308571
DATE INCORPORATED QUALIFIDE

Applied For

Not Applicable

5. Certificate of Status Desired ☐ 5-22-1991

\$8.75 Additional
Fee Required

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name DAVE WILLIAMS

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

803 N.E. 199th STREET

City MIAMI FLORIDA

FL Zip Code 33179

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 *Dave Williams*
Signature, typed or printed name of registered agent and title if applicable.

DAVE WILLIAMS / PRESIDENT

Dave Williams

APRIL 22-02.
DATE

(NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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 PRESIDENT
NAME DAVE WILLIAMS
STREET ADDRESS 803 N.E. 199th STREET
CITY-ST-ZIP MIAMI FLORIDA 33179

TITLE SECRETARY
NAME DAVE WILLIAMS
STREET ADDRESS 803 N.E. 199th STREET
CITY-ST-ZIP MIAMI FLORIDA 33179

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**DO NOT WRITE
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE *Dave Williams*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVE WILLIAMS
PRESIDENT

APRIL 22-02

(305) 652-6228

Date

Daytime Phone #

CR2E034B (12/01)