

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 04, 2001 8:00 am**  
**Secretary of State**

05-04-2001 90105 045 \*\*\*150.00

**DOCUMENT # P00000005128**

1. Entity Name  
**MOVING COST, INC.**

Principal Place of Business  
**2200 NORTHWEST BOCA RATON BLVD. #220**  
**BOCA RATON FL 33431**

Mailing Address  
**2200 NORTHWEST BOCA RATON BLVD. #220**  
**BOCA RATON FL 33431**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0973745**

Applied For  
Not Applicable

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

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301-2525**

Name **ALDO DiSORBO**  
Street Address (P.O. Box Number is Not Acceptable)  
**2200 NW Boca Raton Blvd**  
**Suite 220**  
City **Boca Raton, FL** Zip Code **33431**

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

**4-26-01**

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	<b>D</b>	<b>WILLIAMS, RUSSELL</b>	<b>2200 NORTHWEST BOCA RATON BLVD. #220</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/>
	<b>P</b>	<b>BACH, KATHERINE</b>	<b>2200 NORTHWEST BOCA RATON BLVD. #220</b> <b>BOCA RATON FL 33431</b>	<input type="checkbox"/>
	<b>V</b>	<b>DISORBO, VICTORIA</b>	<b>2200 NORTHWEST BOCA RATON BLVD. #220</b> <b>BOCA RATON FL 33431</b>	<input checked="" type="checkbox"/>
	<b>Director</b>	<b>Aldo DiSorbo</b>	<b>2200 NW Boca Raton Blvd, #220</b> <b>Boca Raton, FL 33431</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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

**4-26-01** (561) 362-8808  
Date Daytime Phone #

CR2E034 (10/00)