

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 654983

1. Entity Name

INCREDIBLE MOVERS, INC.

FILED
Feb 01, 2000 8:00 am
Secretary of State

02-01-2000 90091 035 ***150.00

Principal Place of Business

Mailing Address

INCREDIBLE MOVERS
1557 N.W. 65 AVE.
MARGATE FL 33063
US

1557 NW 65TH AVE
MARGATE FL 33071-6629
US

00011465



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

8620 NW 32 ST W
Suite, Apt. #, etc.
West

8620 NW 32 ST
Suite, Apt. #, etc.
West

City & State

City & State

Coral Springs FL

Coral Springs FL

Zip

Zip

Country

Country

33065

33065

4. FEI Number

59-1983688

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

BOOKSTEIN, MERRILL A.
2404 N.E. NINTH STREET
FORT LAUDERDALE FL 33304

Name

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

City

FL

Zip Code

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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	LETTIERI, TIMOTHY	
STREET ADDRESS	1557 NW 65 AVENUE	
CITY-ST-ZIP	MARGATE FL 33063	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY LETTIERI	
STREET ADDRESS	8620 NW 32 ST. W.	
CITY-ST-ZIP	CORAL SPRINGS FL. 33065	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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

Date: 1-20-00

954-7229499

CR2E034 (9/99)