

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F25206

1. Entity Name
INTER-AMERICAN MOVING SERVICES, INC.

Principal Place of Business

3601 N W 55 ST
MIAMI FL 33142

Mailing Address

3601 N W 55 ST
MIAMI FL 33142

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

GLASBERG, DAVID
13605 S. DIXIE HIGHWAY
#114-514
MIAMI FL 33176

7. Name and Address of New Registered Agent

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, 2002 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

TITLE VP
NAME RIGNAULT, TERENCE A
STREET ADDRESS 6241 S W 20TH TERRACE
CITY-ST-ZIP MIAMI, FLA 00000

TITLE
NAME DEBORAH MALLOY DP, S, T
STREET ADDRESS 2000 NW 68th Way
CITY-ST-ZIP ~~Pembroke Pines, FL 33024~~

TITLE
NAME CAROL A. RIGNAULT D
STREET ADDRESS 6241 SW 20th Terrace
CITY-ST-ZIP Miami, FL 33155

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
400007979801-02
-09/24/02--01030--018
*****61.25 *****61.25

TITLE
NAME
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3. 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 indicated or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]

AMENDED

FILED

02 SEP 23 PM 3:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2072775

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

08/26/02 3:56 133-2727