

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G65927

1. Entity Name

ALERT MOVING AND STORAGE, INC.

FILED
Mar 06, 2001 8:00 am
Secretary of State

03-06-2001 90309 009 ***150.00

Principal Place of Business
1100 17TH ST
VERO BCH FL 32960

Mailing Address
1100 17TH ST
VERO BCH FL 32960



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 59-2353983

Applied For

Not Applicable

Zip

Country

Zip

Country

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

MOSS, MARVIN I.
4651 SHERIDAN ST.
SUITE 300
HOLLYWOOD FL 33021

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, 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 type="checkbox"/> Delete
P	VERDERBER, J.	33 BEACH RD.	NORTHPORT NY	<input type="checkbox"/>
EVP	BERKOWITZ, P.	3 WHITE CLIFF LN	NESCONSETT NY	<input checked="" type="checkbox"/>
VP	ZIRKEL, EDWARD	4141 16TH STREET	VERO BEACH FL	<input type="checkbox"/>
VP	VERDERBER, JOSEPH E. JR.	583 NORTH COUNTRY ROAD	ST. JAMES NY	<input type="checkbox"/>
S	VERDERBER, JUDITH	33 BEACH ROAD	NORTHPORT NY	<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

3/1/01

Date

561/362-6600

Daytime Phone #

CR2E034 (10/00)