

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H82649

1. Entity Name

ASTRO MOVING & STORAGE, INC. OF VERO BEACH

Principal Place of Business

1100 17th Street  
Vero Beach, FL. 32960

Mailing Address

1100 17th Street  
Vero Beach, FL. 32960

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2353983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

Marvin Moss P.A.  
20801 Biscayne Blvd.  
Suite #506  
Aventura, FL. 33180-1430

7. Name and Address of Now 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, 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

TITLE President ☐ Delete  
NAME Verderber, Joseph  
STREET ADDRESS 30 Jefferson Ave.  
CITY-ST-ZIP St. James, NY 11780

TITLE Vice-President ☐ Delete  
NAME Edward J. Zirkel  
STREET ADDRESS 1226 41st Ave.  
CITY-ST-ZIP Vero Beach, FL. 32960

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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

Edward J. Zirkel V.P. 10-25-01 561-567-3368

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED

01 OCT 30 PM 12:16

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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\*\*\*\*122.50 \*\*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

CR2E034 (1/1/00)