

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90103 024 ***150.00

0090232

DOCUMENT # P00000026354

1. Entity Name

NATIONWIDE RELOCATION SERVICES INC

Principal Place of Business

**2200 N.W. BOCA RATON BLVD., STE. 220
BOCA RATON FL 33431**

Mailing Address

**2200 N.W. BOCA RATON BLVD., STE. 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

65-0990215

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

**MCCAFFERTY, KIMBERLY
2200 N.W. 2ND AVENUE
BOCA RATON FL 33431**

Name

Aldo DiSorbo

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

2200 NW Boca Raton Blvd**Suite 220**

City

Boca Raton, FL**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

4-26-019. 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
Katherine Bach ☐ Delete
President
2200 NW Boca Raton Blvd, # 220
Boca Raton, FL 33431TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Director ☐ Delete
Aldo DiSorbo
2200 NW Boca Raton Blvd, # 220
Boca Raton, FL 33431TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
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NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

(561) 362-8808

Daytime Phone #

CR2E034 (10/00)