

2002 UNIFORM BUSINESS REPORT (UBR)

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

1700 NW 64 Street suite 400
Suite, Apt. #, etc.
400

3. Mailing Address

1700 NW 64 Street suite 400
Suite, Apt. #, etc.
400

City & State Fort Lauderdale

Zip

33309

Country

USA

City & State

Fort Lauderdale

Zip

33309

Country

USA

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

DISARBO, ALDO
2200 NW BOCA RATON BLVD.
SUITE 220
BOCA RATON FL 33431

7. Name and Address of New Registered Agent

Name Katherine Bach
Street Address (P.O. Box Number is Not Acceptable)
1700 NW 64 Street suite 400
City Fort Lauderdale FL Zip Code 33309

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)

4-17-02
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	P	NAME	BACH, KATHERINE	Delete
STREET ADDRESS			200 NW BOCA RATON BLVD. # 220	
CITY-ST-ZIP			BOCA RATON FL 33431	
TITLE	D	NAME	DISORBO, ALDO	Delete
STREET ADDRESS			2200 NW BOCA RATON BLVD. # 220	
CITY-ST-ZIP			BOCA RATON FL 33431	
TITLE	P	NAME	Katherine Bach	Delete
STREET ADDRESS			1700 NW 64 Street suite 400	
CITY-ST-ZIP			Fort Lauderdale FL 33309	
TITLE		NAME		Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		Delete
STREET ADDRESS				
CITY-ST-ZIP				
TITLE		NAME		Delete
STREET ADDRESS				
CITY-ST-ZIP				

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	NAME	Katherine Bach	Change	Addition
STREET ADDRESS			1700 NW 64 Street suite 400		
CITY-ST-ZIP			Fort Lauderdale FL 33309		
TITLE	D	NAME	Anna DiSorbo	Change	Addition
STREET ADDRESS			1700 NW 64 Street, Suite 400		
CITY-ST-ZIP			Fort Lauderdale FL 33309		
TITLE	ST	NAME	Milton Calmus	Change	Addition
STREET ADDRESS			1700 NW 64 Street, Suite 400		
CITY-ST-ZIP			Fort Lauderdale FL 33309		
TITLE		NAME		Change	Addition
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		NAME		Change	Addition
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

Daytime Phone #

FILED

Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90195 047 ***158.75

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DO NOT WRITE IN THIS SPACE

CR2E034 (9/01)