

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 15, 2002 8:00 am
Secretary of State

07-15-2002 90195 047 ***158.75

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

B0129402



DO NOT WRITE IN THIS SPACE

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**
 City & State **Fort Lauderdale**

Zip **33309** Country **USA**
 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]* *[Signature]* **4-17-02**
Signature, typed or printed name of registered agent and state 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.
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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BACH, KATHERINE 200 NW BOCA RATON BLVD. # 220 BOCA RATON FL 33431 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Katherine Bach 1700 NW 64 Street suite 400 Fort Lauderdale FL 33309 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DISORBO, ALDO 2200 NW BOCA RATON BLVD. # 220 BOCA RATON FL 33431 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Anna DiSorbo 1700 NW 64 Street, Suite 400 Fort Lauderdale FL 33309 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Katherine Bach</i> <i>1700 NW 64 Street suite 400</i> <i>Fort Lauderdale FL 33309</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <i>Milton Calmus</i> <i>1700 NW 64 Street, Suite 400</i> <i>Fort Lauderdale FL 33309</i> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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]* **4-17-02**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)