

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P000000 82670

The 7 SANTINI Brothers INTERNATIONAL MOVERS, INC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 MAY 29 AM 8:17

1. Principal Place of Business
1440 CORAL Ridge Drive
209
CORAL Springs, FL 33071

2. Mailing Address
1440 CORAL Ridge Drive
209
CORAL Springs, FL 33071

3. Principal Place of Business

4. Mailing Address

State, Apt. #, etc.

State, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION Service Company
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

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 of the person filing this report, or the person authorized to file this report)

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9. This corporation is eligible to satisfy its intangible tax filing requirements and elects to do so.
(See criteria on back)

☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2031 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

11.1 NAME STREET ADDRESS CITY ST ZIP	11.2 NAME STREET ADDRESS CITY ST ZIP	11.3 NAME STREET ADDRESS CITY ST ZIP	11.4 NAME STREET ADDRESS CITY ST ZIP	11.5 NAME STREET ADDRESS CITY ST ZIP	11.6 NAME STREET ADDRESS CITY ST ZIP	11.7 NAME STREET ADDRESS CITY ST ZIP	11.8 NAME STREET ADDRESS CITY ST ZIP	11.9 NAME STREET ADDRESS CITY ST ZIP	11.10 NAME STREET ADDRESS CITY ST ZIP	11.11 NAME STREET ADDRESS CITY ST ZIP	11.12 NAME STREET ADDRESS CITY ST ZIP	11.13 NAME STREET ADDRESS CITY ST ZIP	11.14 NAME STREET ADDRESS CITY ST ZIP	11.15 NAME STREET ADDRESS CITY ST ZIP	11.16 NAME STREET ADDRESS CITY ST ZIP	11.17 NAME STREET ADDRESS CITY ST ZIP	11.18 NAME STREET ADDRESS CITY ST ZIP	11.19 NAME STREET ADDRESS CITY ST ZIP	11.20 NAME STREET ADDRESS CITY ST ZIP
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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 supplement thereto 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, changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Richard J. Santini
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/01

954-383-2699