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

04-23-2002 90321 041 ***108.75
05-15-2002 90087 008 ****50.00

660393

DO NOT WRITE IN THIS SPACE

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000030734

1. Entity Name
FOX RELOCATION SERVICES, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3190 NW 93rd AVENUE
Suite, Apt. #, etc.
SUNRISE,
City & State
FLORIDA
33351
Country USA
Zip
Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip
Country

4. FEI Number
65-1090143
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent
Name CAROLE EDELSTEIN
Street Address (P.O. Box Number is Not Acceptable)
3190 NW 93rd AVENUE
City SUNRISE FL Zip 33351

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 the date of application (NOTE: Registered Agent signature required when changing)

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

10. Election Campaign Financing Trust Fund Contribution ☐ $6.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAROLE EDELSTEIN, VS 3190 NW 93rd AVENUE SUNRISE, FL 33351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LARA EDELSTEIN 3831 CORALTREE CIRCLE COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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CR2E034B (12/01)

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 a director or officer 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Carole Edelstein 4/9/02 954-748-8252
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone