

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2002 8:00 am**  
**Secretary of State**

04-29-2002 90181 007 \*\*\*150.00

**DOCUMENT # P95000012947**

1. Entity Name  
**RAPID MOVERS, INC.**

Principal Place of Business

**18060 W DIXIE HWY  
 AVENTURA FL 33160  
 US**

Mailing Address

**18060 W DIXIE HWY  
 AVENTURA FL 33160  
 US**



2. Principal Place of Business

**13325 NE 17 AVENUE  
 Suite, Apt. #, etc.**

3. Mailing Address

**13325 NE 17 AVENUE  
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**North Miami FL**

City & State

**North Miami FL**

4. FEI Number

**65-0560283**

Applied For

Not Applicable

Zip

**33181**

Country

**DADE**

Zip

**33181**

Country

**DADE**

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

**TRAINI, J. C.  
 18060 W DIXIE HWY  
 AVENTURA FL 33160**

7. Name and Address of New Registered Agent

Name

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

**13325 NE 17 AVENUE**

City

**North Miami**

FL

Zip Code

**33181**

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)

**4/11/02**

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

TITLE	<b>PSD</b>	<input type="checkbox"/> Delete
NAME	<b>TRAINI, JAMES C</b>	
STREET ADDRESS	<b>18060 W DIXIE HWY</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE	<b>VTD</b>	<input type="checkbox"/> Delete
NAME	<b>RODRIGUEZ, H J</b>	
STREET ADDRESS	<b>18060 W DIXIE HWY</b>	
CITY-ST-ZIP	<b>AVENTURA FL 33160</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13325 NE 17 AVENUE</b>	
STREET ADDRESS	<b>North Miami, FL 33181</b>	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>13325 NE 17 AVENUE</b>	
STREET ADDRESS	<b>North Miami, FL 33181</b>	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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 REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/11/02 35868-6787**

Date

Daytime Phone #

CR2E034 (9/01)