

2002 UNIFORM BUSINESS REPORT (UBR)

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.

City & State
North Miami, FL
Zip 33181

City & State
North Miami, FL
Zip 33181

6. Name and Address of Current Registered Agent

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

Name

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0560283

Applied For
Not Applicable

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

7. Name and Address of New Registered Agent

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)

DATE 4/11/02

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TRAINI, JAMES C 18060 W DIXIE HWY AVENTURA FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13325 NE 17 AVENUE North Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD RODRIGUEZ, H J 18060 W DIXIE HWY AVENTURA FL 33160	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	13325 NE 17 AVENUE North Miami, FL 33181	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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 REQUIRED~~

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/02 305868-6787
Date Daytime Phone #