

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 04, 2002 8:00 am**  
**Secretary of State**

04-04-2002 90014 014 \*\*\*150.00

0000275 AT

**DOCUMENT # P95000029689**

1. Entity Name

**THE MOVE SHOP, INC.**

Principal Place of Business

**8669 NW 36TH ST  
2ND FL  
MIAMI FL 33166  
US**

Mailing Address

**4225 NAPERVILLE RD  
LISLE IL 60532**

2. Principal Place of Business

3. Mailing Address

**c/o Budget Rent a Car**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0594959**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title 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. (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

TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>OISBERG, JEFFREY</b>	
STREET ADDRESS	<b>4225 NAPERVILLE ROAD</b>	
CITY-ST-ZIP	<b>LISLE IL 60532</b>	
TITLE	V	<input type="checkbox"/> Delete
NAME	<b>BOBEK, MARK</b>	
STREET ADDRESS	<b>4225 NAPERVILLE RD</b>	
CITY-ST-ZIP	<b>LISLE IL 60532</b>	
TITLE	PSDT	<input checked="" type="checkbox"/> Delete
NAME	<b>HASSIS, FRANCIS</b>	
STREET ADDRESS	<b>8669 NW 36TH ST., 2ND FLOOR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</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	Director/Secretary	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Robert L. Aprati</b>	
STREET ADDRESS	<b>4225 Naperville Road</b>	
CITY-ST-ZIP	<b>Lisle, IL 60532</b>	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Thomas L. Kram</b>	
STREET ADDRESS	<b>4225 Naperville Road</b>	
CITY-ST-ZIP	<b>Lisle, IL 60532</b>	
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Katherine L. Abbott</b>	
STREET ADDRESS	<b>4225 Naperville Rd., Lisle, IL 60532</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:

*Thomas L. Kram*

**Thomas L. Kram, Vice President, 630-955-1900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/18/02

Daytime Phone #

CR2E034 (9/01)