

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jun 25, 2002 8:00 am**  
**Secretary of State**

05-24-2002 91346 039 \*\*\*150.00

**DOCUMENT #** P97000084501

1. Entity Name

**1ST CLASS AUTO MOVERS, INC.**

**DO NOT WRITE IN THIS SPACE**

94748

2. Principal Place of Business  
**9868 SANDALFOOT BLVD**

3. Mailing Address  
**9868 SANDALFOOT BLVD  
951 SW 4TH AVE**

Suite, Apt. #, etc.  
**231**

Suite, Apt. #, etc.

City & State  
**BOCA RATON, FL 33428**

City & State  
**BOCA RATON, FL 33432**

4. FEI Number  
**65-0784678**

Applied For  
Not Applicable

Zip  
**33428**

Country  
**USA**

Zip  
**33432**

Country  
**USA**

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

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**JOSEPH BACCARO**

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

**9868 SANDALFOOT BLVD #231**

City

**BOCA RATON, FL**

State

Zip Code  
**33432**

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

*Joseph Baccaro*  
**JOSEPH BACCARO**

**6-17-02**

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)

**January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$61.25  
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 NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P JOSEPH BACCARO 9868 SANDALFOOT BLVD #231 BOCA RATON, FL 33428-5803</b>
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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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Joseph Baccaro* **PRESIDENT**  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #