

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000101520

1. Entity Name

ACCESS RELOCATION SERVICES, INC.

FILED
Mar 14, 2000 8:00 am
Secretary of State

03-14-2000 90018 004 ***150.00

Principal Place of Business

4710 NW BOCA RATON BLVD
STE 203
BOCA RATON FL 33431-4879

Mailing Address

4710 NW BOCA RATON BLVD
STE 203
BOCA RATON FL 33431-4861

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0881742

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HUFF, RICHARD
4710 NW BOCA RATON BLVD
STE 200
BOCA RATON FL 33431

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, 2000 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 ☐ Delete

NAME D
HUFF, RICHARD
STREET ADDRESS 930 S.W. 87TH TERRACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete

NAME PTVS
HUFF, RICHARD
STREET ADDRESS 930 S.W. 87TH TERRACE
CITY-ST-ZIP PLANTATION FL 33324

TITLE ☐ Delete

NAME D
SCHWARTZ, ALAN
STREET ADDRESS 1255 GREEN AVE #300
CITY-ST-ZIP WESTMOUNT, QUEBEC CA H3Z- 2A4

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/9/00

Date

561-241-7030

Daytime Phone #

CR2E034 (9/99)