

4/2/02

FILED
May 01, 2002 8:00 am
Secretary of State

04-02-2002 90964 044 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000016051

1. Entity Name
CF EMPLOYMENT STRATEGIES, LLC

Principal Place of Business 1633 NE 17 AVENUE FORT LAUDERDALE FL 33305	Mailing Address 1633 NE 17 AVENUE FORT LAUDERDALE FL 33305
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2. Principal Place of Business Suits, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1143293	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**PREVITI, PETER
5825 SUNSET DRIVE, SUITE 210
SOUTH MIAMI FL 33143**

7. Name and Address of New Registered Agent

Name: **JOHN FITZGERALD**
Street Address (P.O. Box Number is Not Acceptable): **1633 NE 17 AVE**
City: **FT LAUD**, State: **FL**, Zip Code: **33305**

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: DATE: **4/6/02**

Signature by typed printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: PRESIDENT	<input type="checkbox"/> Delete
NAME: JOHN FITZGERALD	
STREET ADDRESS: 1633 NE 17 AVE	
CITY-ST-ZIP: FT LAUD, FL 33305	

10. ADDITIONS/CHANGES

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and correct and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DATE: **4/6/02**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (9/01)