

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90372 048 ***150.00

DOCUMENT # P97000050526
 1. Entity Name
ALLIANCE RECRUITING AND STAFF LEASING, INC.

Principal Place of Business Mailing Address
1650 S. DIXIE HWY., SUITE 1-A-D **1650 S. DIXIE HWY., SUITE 1-A-D**
BOCA RATON FL 33432 **BOCA RATON FL 33432**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
3998 FAU BLVD **3998 FAU BLVD**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
SUITE 110 **SUITE 110**
 City & State City & State
BOCA RATON, FLORIDA **BOCA RATON, FLORIDA**
 Zip Country Zip Country
33431 **PALM BEACH** **33431** **PALM BEACH**

4. FEI Number Applied For
65-0768466 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
MOSKOWITZ, MICHAEL E ESQ
800 CORPORATION DRIVE., SUITE 510
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City 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 _____ (NOTE: Registered Agent's signature required when reinstating)
Signature, typed or printed name of registered agent and title, if applicable 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, 2001 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	CEP HEMLEPP, SALLY 1650 S. DIXIE HWY., SUITE 1-A-D BOCA RATON FL 33432 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 information empowered.

SIGNATURE: *Sally Hemlepp* 04/23/01 561-368-5550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)