

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2000 8:00 am
Secretary of State

05-15-2000 91406 013 ***150.00

DOCUMENT # P98000040610

1. Entity Name
 COMPREHENSIVE STAFFING, INC. ✓

Principal Place of Business: 9850 STIRLING RD, SUITE 100, COOPER CITY, FL 33024
 Mailing Address: 9850 STIRLING RD, SUITE 100, COOPER CITY, FL 33024

657536

2. Principal Place of Business: 5400 S. UNIVERSITY DR, Suite, Apt. #, etc. 501-K
 3. Mailing Address: 5400 S. UNIVERSITY DRIVE, Suite, Apt. #, etc. 501-K

DO NOT WRITE IN THIS SPACE

City & State: DAVIE, FL
 City & State: DAVIE, FLA
 4. FEI Number: 65-0837714
 Applied For: Not Applicable
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent: POZO, ARMANDO, 9850 STIRLING RD #100, COOPER CITY, FL 33024
 7. Name and Address of New Registered Agent: Name: ARMANDO POZO, Street Address: 5400 S. UNIVERSITY DRIVE, SUITE 501-K, City: DAVIE, FL, Zip Code: 33328

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] ARMANDO POZO, DATE: 4/23/2000
 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. 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	P	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZO, ARMANDO		NAME		
STREET ADDRESS	8965 NW 41 ST		STREET ADDRESS	5400 S. UNIVERSITY DRIVE 501-K	
CITY-ST-ZIP	COOPER CITY, FL 33024		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE	VP	<input type="checkbox"/> Delete	TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZO, DAISY B		NAME		
STREET ADDRESS	8965 NW 41 ST		STREET ADDRESS	5400 S. UNIVERSITY DRIVE 501-K	
CITY-ST-ZIP	COOPER CITY, FL 33024		CITY-ST-ZIP	DAVIE, FL 33328	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: [Signature] ARMANDO POZO, DATE: 4/23/2000, DAYTIME PHONE #: 954-690-1770
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/99)