

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P93000084839

**Entity Name:** CONCEPT 2000 PROFESSIONAL EMPLOYERS, INC.

**Current Principal Place of Business:**

4958 SW 88 ST  
MIAMI, FL 33156

**Current Mailing Address:**

4958 SW 88 ST  
MIAMI, FL 33156

**FEI Number: 65-0454000**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JACOBY, CHARLES E  
4958 SW 88 ST  
MIAMI, FL 33156 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name JACOBY, CHARLES  
Address 4958 SW 88 STREET  
City-State-Zip: CORAL GABLES FL 33156

Title D  
Name SHELDON, HARVEY A  
Address 18142 NW 15TH CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title D  
Name FLOYD, CHARLOTTE  
Address 16475 NE 32 AVE  
City-State-Zip: NORTH MIAMI FL 33160

Title D  
Name HEMPHILL, CHARLES  
Address 22917 OLD INLET BRIDGE DRIVE  
City-State-Zip: BOCA RATON FL 33433

Title D  
Name OLIVIERI, TODD  
Address 1145 LIDFLOWER STREET  
City-State-Zip: HOLLYWOOD FL 33019

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: CHARLES JACOBY**

**PRES**

**04/13/2022**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date