

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90451 001 ***158.75

DOCUMENT # *F95000004020*

1. Entity Name

Tri-State Employment Service, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

160 Broadway

Suite, Apt. #, etc.

15th FL

City & State

New York, NY

Zip

10038

Country

USA

3. Mailing Address

160 Broadway, 15th FL

Suite, Apt. #, etc.

Susan Kennedy

City & State

New York, NY

Zip

10038

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

13-3703106

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

Joseph Cassera

Street Address (P.O. Box Number is Not Acceptable)

5801 Sabal Lakes Rd.

City

Delray Beach

FL

Zip Code

33445

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)

5/1/02

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

January 1 - May 1 Fee is \$150.00

After May 1 Fee is \$550.00

Amended UBR is \$61.25

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

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

*PVST
Robert Cassera
160 Broadway, 15th FL
New York, NY 10038*

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

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**DO NOT WRITE
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/02

(212) 346-7960

Date

Daytime Phone #

CR2E034B (12/01)