

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001748

1. Entity Name

PREFERRED HEALTHCARE STAFFING, INC.

Principal Place of Business

100 WEST CYPRESS CREEK RD.
STE 750
FT LAUDERDALE FL 33309

Mailing Address

P.O. BOX 8187
FT LAUDERDALE FL 33310-8187

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent

Name

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

City

FL

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

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.
(See criteria on back) ☐

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

TITLE ☐ Delete
NAME D
STREET ADDRESS HARRIS, MEL
CITY-ST-ZIP 10800 BISCAYNE BLVD
MIAMI FL

TITLE ☐ Delete
NAME VD
STREET ADDRESS DRESBACK, WILLIAM R
CITY-ST-ZIP 10800 BISCAYNE BLVD
MIAMI FL

TITLE ☐ Delete
NAME D
STREET ADDRESS GORDON, STUART
CITY-ST-ZIP 10800 BISCAYNE BLVD
MIAMI FL

TITLE ☐ Delete
NAME EVP
STREET ADDRESS EQUES, RAFAEL JR
CITY-ST-ZIP 5751 SW 58TH CT
MIAMI FL 33173

TITLE ☐ Delete
NAME DP
STREET ADDRESS KILISSANLY, PETER E
CITY-ST-ZIP 4305 LAKE RD
MIAMI FL 33137

TITLE ☐ Delete
NAME VT
STREET ADDRESS RODRIGUEZ, ALDO
CITY-ST-ZIP 1520 NW 98TH TERR.
PEMBROKE PINES FL 33024

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-ST-ZIP

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 like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aldo Rodriguez

Date

Daytime Phone #

1-24-00 (954) 491-6601

FILED
Jan 28, 2000 8:00 am
Secretary of State

01-28-2000 90211 039 ***150.00

00015402



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0810983** ☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

CR2E034 (9/99)