

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000003906

1. Entity Name

TOTAL STAFFING, LLC

Principal Place of Business

16300 NORTHEAST 19TH AVENUE SUITE 109  
NORTH MIAMI BEACH FL 33162

Mailing Address

16300 NORTHEAST 19TH AVENUE SUITE 109  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

9817 S.W. 111 TERR

Suite, Apt. #, etc.

3. Mailing Address

9817 S.W. 111 TERR.

Suite, Apt. #, etc.

City & State

Miami, Fla.

City & State

Miami, Fla.

Zip

33176

Country

U.S.A.

Zip

33176

Country

U.S.A.

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

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

MARK SILVERMAN

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

9817 S.W. 111 TERR.

City

Miami

FL

Zip Code

33176

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

*Mark A Silverman*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3.5.2001

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE NAME Corporation Services Comp. ☒ Delete  
STREET ADDRESS 1201 Hays Street  
CITY-ST-ZIP Tallahassee, Fla 32301

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME PRESIDENT. MGRM ☒ Change ☐ Addition  
STREET ADDRESS Mark Silverman  
CITY-ST-ZIP 9817 S.W. 111 TERR.  
Miami, Fla 33176

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

*Mark A Silverman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3.5.2001 (305) 2795249

Date

Daytime Phone #

FILED

01 MAY 14 PM 1:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)