

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 12, 2001 8:00 am**  
**Secretary of State**

04-17-2001 90002 009 \*\*\*150.00

**DOCUMENT # L23743**

**1. Entity Name**  
**CREATIVE STAFFING OF CENTRAL FLORIDA, INC.**

**Principal Place of Business**  
**7700 NORTH KENDAL DRIVE**  
**SUITE 300**  
**MIAMI FL 33156**  
**US**

**Mailing Address**  
**7700 NORTH KENDAL DRIVE**  
**SUITE 300**  
**MIAMI FL 33156**  
**US**

**2. Principal Place of Business**

**3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

**4. FEI Number** **65-0153492**

Applied For

Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**ANN P. MACHADO**  
**7700 N. KENDALL DR. #300**  
**MIAMI FL 33156**

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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

**11. OFFICERS AND DIRECTORS**

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

**TITLE** **D** ☐ Delete  
**NAME** **MACHADO, ANN P.**  
**STREET ADDRESS** **7700 N. KENDALL DR., #300**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** **D** ☐ Delete  
**NAME** **BARTON, ANA M**  
**STREET ADDRESS** **7700 N KENDALL DR., #300**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** **D** ☐ Delete  
**NAME** **MACHADO, JOSEPH C**  
**STREET ADDRESS** **7700 N. KENDALL DR., #300**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** **D** ☐ Delete  
**NAME** **MACHADO, CHRISTINE A**  
**STREET ADDRESS** **7700 N. KENDALL DR., #300**  
**CITY-ST-ZIP** **MIAMI FL**

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

**TITLE** ☐ Delete  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

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

**TITLE** ☐ Delete  
**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 REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**9/5/01** **(305) 271-7779**  
 Date Daytime Phone #

CR2E034 (5/01)

Attachment 12387  
 sent time 2-5-01

#223743

**CREATIVE STAFFING, INC.**  
 7700 NORTH KENDALL DRIVE - SUITE 300  
 MIAMI, FL 33156

63-643/670

819943 7639

EXPLANATION	AMOUNT

One hundred fifty

00/100 DOLLARS

TO THE ORDER OF	CHECK NUMBER	DESCRIPTION
Dept of State	7639	ctr 7c

CHECK AMOUNT

\$ 150.00

**FIRST UNION**

FIRST UNION NATIONAL BANK OF FLORIDA  
 MIAMI SPRINGS, FL 33166

*[Signature]*

⑈007639⑈ ⑆067006432⑆2693005464962⑈

⑈0000015000⑈

Attachment 12331

#223743

10/18/01

2230

17120

BANK OF AMERICA NA JAX  
#06300000474 E3953 99 P22  
4/18/01

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