

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0002328 AF

DOCUMENT # L96000000473

1. Entity Name
PRS PROFESSIONAL RECRUITING SERVICES, L.C.

00 APR 17 PM 4:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
6363 TAFT ST
#201
HOLLYWOOD FL 33024

Mailing Address
320 SOUTH FLAMINGO ROAD
BOX 118
PEMBROKE PINES FL 33027-1770



2. Principal Place of Business
4700 SW 51 STREET

3. Mailing Address
320 S. FLAMINGO RD

Suite, Apt. #, etc.
214 (SUITE)

Suite, Apt. #, etc.
PMB 118

City & State
DAVIE, FLORIDA

City & State
PEMBROKE PINES, FL

Zip
33314

Country
USA

Zip
33027

Country
USA

MNM

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0661326

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HERNANDEZ, SYLVIE
2300 EAST LAKE MIRAMAR CIRCLE
MIRAMAR FL 33025

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
320 S. FLAMINGO RD
PMB 118
City
P. Pines FL Zip Code
33027

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

2/15/00

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

MEM
HERNANDEZ, SYLVIE
6363 TAFT ST #201
HOLLYWOOD FL 33024

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Delete

TITLE
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STREET ADDRESS
CITY- ST- ZIP

☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☒ Change ☐ Addition

320 S. FLAMINGO RD, PMB 118
PEMBROKE PINES, FL 33027

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

600003229006-0
-04/28/00-01077-010
*****55.00 *****55.00

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4/14/00 954-792-6009

Date

Daytime Phone #

CR2E083 (9/99)