

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 24, 2002 8:00 am
Secretary of State

01-16-2002 90255 026 ****50.00

DOCUMENT # L96000000473

1. Entity Name

PRS PROFESSIONAL RECRUITING SERVICES, L.C.

Principal Place of Business

**4700 SW 51 STREET
 STE. 214
 DAVIE FL 33314**

Mailing Address

**320 SOUTH FLAMINGO ROAD
 BOX 118
 PEMBROKE PINES FL 33027**

13775



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

4700 SW 51 ST

3. Mailing Address

4700 SW 51 ST

Suite, Apt. #, etc.

Suite 218

Suite, Apt. #, etc.

Suite 218

City & State

DAVIE, FLORIDA

City & State

DAVIE, FLORIDA

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
 4700 SW 51ST ST #214
 DAVIE FL 33314**

7. Name and Address of New Registered Agent

Name **Hernandez, Sylvie**

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

11040 NW 22 ST

City **Pembroke Pines**

FL

Zip Code

33026

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]

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

(NOTE: Registered Agent signature required when reinstating)

11/1/02

DATE

**FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE **MEM** ☐ Delete
 NAME **HERNANDEZ, SYLVIE**
 STREET ADDRESS **320 S. FLAMINGO, PMB 118**
 CITY-ST-ZIP **PEMBROKE PINES FL 33027**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **Managing member** ☒ Change ☐ Addition
 NAME
 STREET ADDRESS **11040 NW 22 STREET**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

TITLE **MEMBER** ☐ Change ☒ Addition
 NAME **ERIC DE Kappelle**
 STREET ADDRESS **15626 NW 12 CT**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33028**

TITLE **Member** ☐ Change ☒ Addition
 NAME **Robert Langevin**
 STREET ADDRESS **11040 NW 22 STREET**
 CITY-ST-ZIP **PEMBROKE PINES, FL 33026**

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

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]

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

Date

Daytime Phone #

Hernandez 11/1/02 954-792-6009

CR2E083 (9/01)