

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L99000006334**

1. Entity Name

WORKFORCE SOLUTIONS II, LLC

Principal Place of Business

Mailing Address

1801 CENTREPARK DRIVE EAST, STE 100
WEST PALM BEACH FL 33401

1801 CENTREPARK DRIVE EAST, STE 100
WEST PALM BEACH FL 33401

2. Principal Place of Business

2501 South Ocean Drive

3. Mailing Address

2501 South Ocean Drive

Suite, Apt. #, etc.

Suite 915

Suite, Apt. #, etc.

Suite 915

City & State

Hollywood, FL

City & State

Hollywood, FL

Zip

33019

Country

USA

Zip

33019

Country

USA

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC
941 4TH STREET #200
MIAMI BEACH FL 33139**

4. FEI Number

65-0951559

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

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

**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
BREEDLOVE, JAMES L
1801 CENTREPARK DRIVE EAST, STE 100
WEST PALM BEACH FL 33401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEM
WALLACE, CHARLES E
1801 CENTREPARK DRIVE EAST, STE 100
WEST PALM BEACH FL 33401** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
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CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MANAGER
Charles E. Wallace
2501 South Ocean Drive, STE 915
Hollywood, FL 33019** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MEMBER
Workforce Solutions I, LLC
2501 South Ocean Drive, STE 915
Hollywood, FL 33019** ☐ Change ☒ Addition

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

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☐ 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: *Charles E. Wallace*

By: **Charles E. Wallace, Manager**

04/30/01 (954) 921-5622

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

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

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CR2E083 (11/00)