

# 2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # **L99000006338**

1. Entity Name

**WORKFORCE SOLUTIONS VI, LLC**

FILED

2001 MAY -2 AM 10:16

DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
1801 CENTREPARK DRIVE EAST, STE 100  
WEST PALM BEACH FL 33401

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

2. Principal Place of Business  
2501 South Ocean Drive  
Suite, Apt. #, etc.  
Suite 915

3. Mailing Address  
2501 South Ocean Drive  
Suite, Apt. #, etc.  
Suite 915

City & State  
Hollywood, FL

City & State  
Hollywood, FL

Zip  
33019

Country  
USA

Zip  
33019

Country  
USA

4. FEI Number  
65-0951574

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATE CREATIONS ENTERPRISES INC**  
941.4TH STREET #200  
MIAMI BEACH FL 33139

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. (NOT 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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALLACE, CHARLES E 1801 CENTREPARK DRIVE EAST, STE 100 WEST PALM BEACH FL 33401	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGER Charles E. Wallace 2501 South Ocean Drive, STE 915 Hollywood, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEMBER Workforce Solutions I, LLC 2501 South Ocean Drive, STE 915 Hollywood, FL 33019	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

Charles E. Wallace, Manager

SIGNATURE: *Charles E. Wallace*

04/30/01 (954) 921-5622

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)