

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 21, 2001 8:00 am
Secretary of State

03-21-2001 90026 026 ***150.00

DOCUMENT # M05196

1. Entity Name

MEDERI TEMPORARY SERVICES, INC.

Principal Place of Business

C/O 100 S.E. 2ND STREET
 STE. 2800
 MIAMI FL 33131

Mailing Address

C/O 100 S.E. 2ND STREET
 STE. 2800
 MIAMI FL 33131

9 5 5 5 1 3



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

P.O. Box 144536

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

Coral Gables, FL

City & State

Coral Gables, FL

4. FEI Number **59-2619704**

Applied For

Not Applicable

Zip

Country

33114-4536

USA

Zip

Country

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

C/O KTG&S REGISTERED AGENT CORP.
 100 S.E. 2ND. ST.
 STE. 2800
 MIAMI FL 33131

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 \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☐ Delete
 NAME **VAZQUEZ, SANDRA**
 STREET ADDRESS **2401 DOUGLAS RD**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☒ Change ☐ Addition
 NAME *P.O. Box 144536*
 STREET ADDRESS *Coral Gables FL*
 CITY-ST-ZIP *33114-4536*

TITLE **VDST** ☐ Delete
 NAME **NESSLEIN, DAVID A.**
 STREET ADDRESS **2401 DOUGLAS RD**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE ☒ Change ☐ Addition
 NAME *P.O. Box 144536*
 STREET ADDRESS *Coral Gables, FL*
 CITY-ST-ZIP *33114-4536*

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/2001 (305) 447-2352
 Date Daytime Phone #

CR2E034 (10/00)