

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M98000000646

1. Entity Name

HEADWAY CORPORATE STAFFING SERVICES OF FLORIDA,

Principal Place of Business

14750 NW 77TH CT., SUITE 305  
MIAMI LAKES FL 33016

Mailing Address

14750 NW 77TH CT., SUITE 305  
MIAMI LAKES FL 33016-1507

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-4008388

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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 MGR LIST, MICHAEL ☐ Delete  
STREET ADDRESS 317 MADISON AVE.  
CITY- ST- ZIP NEW YORK NY 10017

TITLE NAME MGR KAMLER, GARY ☐ Delete  
STREET ADDRESS 14750 NW 77TH CT., SUITE 205  
CITY- ST- ZIP MIAMI LAKES FL 33016

TITLE NAME MGR BENCINI, HILARY ☐ Delete  
STREET ADDRESS 14750 NW 77TH CT., SUITE 205  
CITY- ST- ZIP MIAMI LAKES FL 33016

TITLE NAME MGR LEVINSON, PHILICIA ☐ Delete  
STREET ADDRESS 850 THIRD AVE.  
CITY- ST- ZIP NEW YORK NY 10022

TITLE NAME MGR ROSEMAN, BARRY ☐ Delete  
STREET ADDRESS 850 THIRD AVE.  
CITY- ST- ZIP NEW YORK NY 10022

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

10. ADDITIONS/CHANGES

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 9000003196069--4  
CITY- ST- ZIP -04/05/00--01004--022  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME CORRECT SUITE ☒ Change ☐ Addition  
STREET ADDRESS TO # 305  
CITY- ST- ZIP

TITLE NAME CORRECT SUITE ☒ Change ☐ Addition  
STREET ADDRESS TO # 305  
CITY- ST- ZIP

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

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

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

FILED

00 MAR 24 AM 9:28

SECRETARY OF STATE  
TALLAHASSEE FLORIDA



DO NOT WRITE IN THIS SPACE

CR2E083 (9/99)