

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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AF

DOCUMENT # M98000000646

1. Entity Name

HEADWAY CORPORATE STAFFING SERVICES OF FLORIDA,

01 APR 26 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

TITLE MGR ☐ Delete
NAME KAMLER, GARY
STREET ADDRESS 14750 NW 77TH CT., SUITE 305
CITY-ST-ZIP MIAMI LAKES FL 33016

TITLE MGR ☐ Delete
NAME BENCINI, HILARY
STREET ADDRESS 14750 NW 77TH CT., SUITE 305
CITY-ST-ZIP MIAMI LAKES FL 33016

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 000004191730--3
CITY-ST-ZIP -05/09/01-01128--002
*****50.00 *****50.00

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

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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: *Hilary Bencini* HILARY BENCINI MGR. 4-3-01 (305) 820053/

CR2E083 (11/00)