

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 24, 2003 8:00 am
Secretary of State

03-24-2003 90685 037 ****50.00

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1. Entity Name
**HEADWAY CORPORATE STAFFING SERVICES OF FLORIDA,
L.L.C.**

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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **13-4008388**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
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)(l), 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]* **ROSEMAN, BARRY BENCINI, MGR. 3-11-03 (305) 820-0531**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)