

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **NDD000004374**

1. Entity Name

**SENIOR STAFFING SOLUTIONS, INC.**



FILED

03 MAY -2 AM 9:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**2940 HOLLYWOOD BLVD.**  
Suite, Apt. #, etc.

3. Mailing Address

**5300 WASHINGTON ST.**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

**HOLLYWOOD FL.**

City & State

**HOLLYWOOD, FL.**

4. FEI Number

**05-1026672**

Applied For

Not Applicable

Zip

**33020**

Country

**BROWARD**

Zip

**33021**

Country

**BROWARD**

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name

**LINDA SHERWOOD**

Street Address (P.O. Box Number is Not Acceptable)

**5300 WASHINGTON ST.**

**D-104**

City

**HOLLYWOOD**

**FL**

Zip Code

**33021**

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

**Linda Sherwood**

(NOTE: Registered Agent signature required when reinstating)

**4/26/03**

DATE

FEE IS \$81.25

Initial or Amended UBR

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

Make Check Payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PRESIDENT/TREASURER/DIRECTOR</b> <b>LINDA SHERWOOD</b> <b>5300 WASHINGTON ST. D-104</b> <b>HOLLYWOOD, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRES. + DIRECTOR</b> <b>DANA KLEIN</b> <b>2940 HOLLYWOOD BLVD.</b> <b>HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. PRES. + DIRECTOR</b> <b>NASI LESKU</b> <b>2940 HOLLYWOOD BLVD.</b> <b>HOLLYWOOD FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SECRETARY/DIRECTOR</b> <b>MELINDA SHERWOOD</b> <b>2940 HOLLYWOOD BLVD.</b> <b>HOLLYWOOD, FL 33020</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DIRECTOR</b> <b>ANTHONY CAMPOS</b> <b>2940 HOLLYWOOD BLVD.</b> <b>HOLLYWOOD, FL 33020</b>

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300017874463</b> <b>05/02/03--01039--019 **70.00</b>
--	--

**DO NOT WRITE  
IN THIS SPACE**

12. 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Linda Sherwood**

**4/26/03**

**954-983-6077**

CR2E037B (12/02)