

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 27, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90067 024 \*\*\*\*70.00

**DOCUMENT # N02000006318**

1. Entity Name

**PLACEMENT PROFESSIONAL STAFFING INC.**



Principal Place of Business

937 S. DIXIE HIGHWAY, W.  
POMPANO BEACH FL 33060

Mailing Address

937 S. DIXIE HIGHWAY, W.  
POMPANO BEACH FL 33060

**55055121**

2. Principal Place of Business

951 S. DIXIE Hwy W. ← Same

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Pompano Beach

City & State

FL

City & State

Zip

33060

Country

USA

4. FEI Number

65-0953240

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RAMDEEN, SHERRY K**  
937 S. DIXIE HIGHWAY, W.  
POMPANO BEACH FL 33060

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

SIGNATURE

*Sherry K. Ramdeen*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 ☐ Delete

NAME **RAMDEEN, SHERRY K**  
STREET ADDRESS **937 S. DIXIE HIGHWAY, W.**  
CITY-ST-ZIP **POMPANO BEACH FL 33060**

TITLE ☐ Delete

NAME **MATUTE, LISA**  
STREET ADDRESS **92 S. CORTEZ DR**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete

NAME **RAMDEEN, CHAD**  
STREET ADDRESS **92 S. CORTEZ DR**  
CITY-ST-ZIP **MARGATE FL 33068**

TITLE ☐ Delete

NAME **John**  
STREET ADDRESS **951 S. DIXIE Hwy W.**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME **Spokes person /**  
STREET ADDRESS **Director of Communications**  
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition

NAME **John Maxwell**  
STREET ADDRESS **951 S. DIXIE Hwy W.**  
CITY-ST-ZIP **Pompano Beach, FL 33060**

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Sherry K. Ramdeen* **Sherry K Ramdeen**

8/11/03

(954) 943-9222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E037 (10/02)