

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 91193 011 ***150.00

DOCUMENT # P00000002461

1. Entity Name

KEYSTONE STAFFING, INC.

Principal Place of Business

2550 NW 72 AVE
 SUITE 207
 MIAMI FL 33122

Mailing Address

2550 NW 72 AVE
 SUITE 207
 MIAMI FL 33122

659089

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

650990581

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ALBERT FERNANDEZ
 2550 NW 72 AVE
 SUITE 207
 MIAMI FL 33122

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

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!!

After MAY 1, 2001

Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: PRESIDENT ☐ Delete
 NAME: ALBERT FERNANDEZ
 STREET ADDRESS: 2550 NW 72 AVE, SUITE 207
 CITY - ST - ZIP: MIAMI FL 33122

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

TITLE: ☐ Delete
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 CITY - ST - ZIP:

TITLE: ☐ Delete
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/30/01 305/639-2595

Date

Daytime Phone #

CR2E034 (11/00)