

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 06, 2001 8:00 am
Secretary of State

07-06-2001 90206 031 ***558.75

0114153

DOCUMENT # P00000004046
 1. Entity Name
RECRUIT AMERICA, INC.

Principal Place of Business 16918 S.W. 34TH COURT MIRAMAR FL 33027	Mailing Address 16918 S.W. 34TH COURT MIRAMAR FL 33027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 6043 NW 167th Str.	3. Mailing Address PO Box 171240
Suite, Apt. #, etc. Suite 16A	Suite, Apt. #, etc.

City & State Miami, FL	City & State Miami, FL
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4. FEI Number 65-0977066	Applied For <input type="checkbox"/> Not Applicable
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Zip 33015	Country USA	Zip 33017	Country USA
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

SAENZ, RAUL M
8180 N.W. 36TH ST., #100
MIAMI FL 33166

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!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. Elizabeth Rossi
STREET ADDRESS	1474 NW 126th DR
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	V Lewis-Rossi
STREET ADDRESS	3563 SW 173rd Terrace
CITY-ST-ZIP	Miramar, FL 33029
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T/S/D Gina Rossi
STREET ADDRESS	701 NW 126 Avenue
CITY-ST-ZIP	Coral Springs FL 33071
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Gina Rossi **Gina Rossi** 6/29/01 **305-821-3169**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)