

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2001 8:00 am
Secretary of State

05-30-2001 90030 016 ***150.00

DOCUMENT # **P00 000006733**

1. Entity Name

A & E Staff Corp.

Principal Place of Business

Mailing Address

814 SW 27 Ave
Miami FL 33135

2. Principal Place of Business

3. Mailing Address

814 SW 27 Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Miami FL 33135

City & State

City & State

Zip **33135**

Country **DADE**

Zip

Country

4. FEI Number

A/F

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

ANNERY SANTANA
2115 SW 100 Court
Miami FL 33126

7. Name and Address of New Registered Agent

Name **WILLIAMS BARRERA**

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

814 SW 27 Ave

City **MIAMI**

FL

Zip Code **33135**

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 **WILLIAMS BARRERA**

4/28/01

(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. **PD** OFFICERS AND DIRECTORS

TITLE **PD**
NAME **ANNERY SANTANA** ☒ Delete
STREET ADDRESS **2115 SW 100 Court**
CITY-ST-ZIP **Miami FL 33126**

TITLE ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
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TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD**
NAME **WILLIAMS BARRERA** ☒ Change ☐ Addition
STREET ADDRESS **814 SW 27 Ave**
CITY-ST-ZIP **Miami FL 33135**

TITLE ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME
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TITLE ☐ Change ☐ 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 no 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: **WILLIAMS BARRERA - President** **4/28/01 (305) 541 7878**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)