

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000034587

1. Entity Name

EXECUTIVE RECRUITERS INTERNATIONAL, INC.

FILED

Apr 07, 2001 8:00 am
Secretary of State

04-07-2001 90008 046 ***150.00

013095

Principal Place of Business
2870 NW. 107TH AVENUE
CORAL SPRINGS FL 33065

Mailing Address
2870 NW. 107TH AVENUE
CORAL SPRINGS FL 33065
5631 NE 15TH AVE
FORT LAUDERDALE, FL 33334

040655



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
5631 NE 15TH AVE
Suite, Apt. #, etc.

3. Mailing Address
5631 NE 15TH AVE
Suite, Apt. #, etc.

City & State
FORT LAUDERDALE, FL

City & State
FORT LAUDERDALE, FL

Zip
33334

Country

Zip
33334

Country

4. FEI Number
65-1001162

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
BODE, JAMES
2870 NW. 107TH AVENUE
CORAL SPRINGS FL 33065

7. Name and Address of New Registered Agent
Name: JAMES W. BODE
Street Address (P.O. Box Number is Not Acceptable)
5631 NE 15TH AVE
City FORT LAUDERDALE FL FL Zip Code 33334

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 James BODE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4/3/01
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BODE, JAMES		NAME		
STREET ADDRESS	2870 NW. 107TH AVENUE		STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
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CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: James W. Bode
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date
Daytime Phone #

CR2E034 (10/00)