

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 21, 2002 8:00 am
Secretary of State

05-21-2002 91220 040 ***150.00

DOCUMENT # P00000035171

1. Entity Name
CHOICE STAFFING, INC.

ck # 1216

Principal Place of Business
1790 WEST 49 STREET #215
HIALEAH FL 33012

Mailing Address
1790 WEST 49 STREET #215
HIALEAH FL 33012

361611



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

9167 NW 113 ST

Suite, Apt. #, etc.

3. Mailing Address

9167 NW 113 ST

Suite, Apt. #, etc.

City & State

Hialeah Gdns, FL

City & State

Hialeah Gdns, FL

Zip

Country

33018

USA

Zip

Country

33018

USA

4. FEI Number

65-0996868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

ALVAREZ, MARIA D

1790 WEST 49 STREET #215

HIALEAH FL 33012

7. Name and Address of New Registered Agent

Name **Alvarez Maria D.**

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

9167 NW 113 ST

City

Hialeah Gdns,

FL

Zip Code

33018

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

4/25/02

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, 2002 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 **P** ☒ Delete
 NAME **ALVAREZ, MARIA D**
 STREET ADDRESS **1790 WEST 49 STREET #215**
 CITY-ST-ZIP **HIALEAH FL 33012**

TITLE **President** ☐ Delete
 NAME **ALVAREZ, MARIA D.**
 STREET ADDRESS **9167 NW 113 Street**
 CITY-ST-ZIP **Hialeah Gdns, FL. 33018**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

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

TITLE ☐ Change ☐ Addition
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CR2E034 (9/01)

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 REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/02

Date

Daytime Phone #