

**Amended**  
**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

FILED

02 DEC 11 PM 12:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT #P00000035171

1. Entity Name

Choice Staffing, Inc.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

2520 NW 97 Ave.

Suite, Apt. #, etc.

110

3. Mailing Address

2520 NW 97 Ave.

Suite, Apt. #, etc.

110

City & State

Miami FL

Zip

33172

Country

Dade

City & State

Miami FL

Zip

33172

Country

Dade

4. FEI Number

65-0996868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

maureen Santangelo

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

12020 NW 2nd Dr.

City

Coral Springs

FL

Zip Code

33071

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

Maureen Santangelo

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

12/9/02

DATE

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

☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P, D  
maureen Santangelo  
2520 NW 97 Ave #110  
Miami FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VP, D  
Carmen Rodriguez  
2520 NW 97 Ave Suite 110  
Miami FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S, T, D  
Angela Gonzalez  
2520 NW 97 Ave Suite 110  
Miami FL 33172

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Angela Gonzalez

Angela Gonzalez

12/10/02 305-406-1000

Date

Daytime Phone #

CR2E034B (12/01)

9/12/12