

# 2001 UNIFORM BUSINESS REPORT (UBR)

FILED

May 14, 2001 8:00 am  
Secretary of State

05-14-2001 90248 033 \*\*\*150.00

DOCUMENT # P00000058845

1. Entity Name

~~COMPASS TECHNICAL PERSONNEL RESOURCES, INC.~~

*Brickell Personnel Consultants,  
Information Technology Staffing Solutions, Inc*

Principal Place of Business

16300 NE 19TH AVENUE  
SUITE 250  
NORTH MIAMI BEACH FL 33162

Mailing Address

16300 NE 19TH AVENUE  
SUITE 250  
NORTH MIAMI BEACH FL 33162

2. Principal Place of Business

*1110 BRICKELL AVENUE*

3. Mailing Address

*1110 BRICKELL AVENUE*

Suite, Apt. #, etc.

*Suite # 430*

Suite, Apt. #, etc.

*Suite # 430*

City & State

*MIAMI FL*

City & State

*MIAMI FL*

Zip

*33131*

Country

*USA*

Zip

*33131*

Country

*USA*

6. Name and Address of Current Registered Agent

SHAPOVALOV, INNA  
THE LAW OFFICES OF INNA SHAPOVALOV, PA  
16300 NE 19TH AVE., SUITE 250  
NORTH MIAMI BEACH FL 33162

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 ☒ Delete

NAME *NICKERSON, KEITH*  
STREET ADDRESS *16300 NE 19TH AVENUE SUITE 250*  
CITY-ST-ZIP *NORTH MIAMI BEACH FL 33162*

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

TITLE ☐ Delete

NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE *PRESIDENT* ☒ Change ☐ Addition

NAME  
STREET ADDRESS *1110 BRICKELL AVENUE, SUITE 430*  
CITY-ST-ZIP *MIAMI, FLORIDA 33131*

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 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 an officer, receiver, trustee, or receiver in equity empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)

0468982