

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000068223

1. Entity Name

EMPLOYMENT BUSINESS SOLUTIONS, INC.



Principal Place of Business

1128 ROYAL PALM BEACH BOULEVARD
SUITE 373
ROYAL PALM BEACH FL 33411

Mailing Address

1128 ROYAL PALM BEACH BOULEVARD
SUITE 373
ROYAL PALM BEACH FL 33411

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1025993

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$550.00

After September 10, 2003 Fee will be \$750.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE VP
NAME DESRAVINES, BENJAMIN
STREET ADDRESS 19421 NW 47TH AVE
CITY-ST-ZIP MIAMI FL 33055

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

400022666214
08/29/03--01062--012 **150.00

TITLE
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12. 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 10 or Block 11 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

8/1/03 561-707-8226

Date

Daytime Phone #

CR2E034 (4/03)

Attachment

282

August 7, 2003

P00000008223

**Divisions of Corporations
Tallahassee, Florida 32302**

Dear Sir or Madam:

I am mailing this form back to you a second time. I mailed it the first time in February 2003 with a check for \$150.00 (original check stub enclosed). I realized the check was never cashed and thought it was simply a bureaucratic oversight.

Then, recently, I received a new form asking for \$550.00. This must be a mistake. Before I blow my top, I am asking you to accept this second check. I have had to lay off all my employees due to the economic downturn. I still wish to keep the business registered and active.

Sincerely,

EMMANUEL MOREL


**Cc: The Honorable Governor
Jeb Bush**