

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90414 004 ***158.75

DOCUMENT # P00000084334

1. Entity Name

HEALTHCARE MANPOWER RESOURCE, INC.

Principal Place of Business

Mailing Address

1560 SAWGRASS CORPORATE PARKWAY, 4TH FL
FT LAUDERDALE FL 33323

1560 SAWGRASS CORPORATE PARKWAY, 4TH FL
FT LAUDERDALE FL 33323

2. Principal Place of Business

3. Mailing Address

1580 SAWGRASS CORPORATE PARKWAY 1580 SAWGRASS CORPORATE PARKWAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 130

SUITE 130

City & State

City & State

FT. LAUDERDALE FL

FT. LAUDERDALE, FL

Zip

Country

Zip

Country

33323

USA

33323

USA

4. FEI Number

65-1035388

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABUNDO, EMILIO III
9420 S HAMPTON PLACE
BOCA RATON FL 33434

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 X
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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
PRESIDENT/TREASURER/DIR
EMILIO P. ABUNDO
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130, FT. LAUDERDALE, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
VP OPERATION/DIRECTOR
ISAGANI D. CAPINA
1580 SAWGRASS CORPORATE PARKWAY
SUITE 130, FT. LAUDERDALE, FL 33323

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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 all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/01

Date

904-572-1021

Daytime Phone #

CR2E034 (10/00)