FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90103 012 ***158.75

DOCUMENT # P00000084334

1. Entity Name
HEALTHCARE MANPOWER RESOURCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	
10137 WEST OAKLAND PARK BLVD Suite, Apt. #, etc.	10137 WEST OAKLAND PARK BLVD Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
City & State: SUNRISE, FLORIDA	City & State: SUNRISE, FLORIDA	4. FEI Number: 65-1035388 ☐ Applied For ☐ Not Applicable
Zip: 33351 Country: U.S.A	Zip: 33351 Country: U.S.A.	5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current 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 _____ APRIL 30, 2002
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) ☐

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	PRESIDENT/TRESURER/DIR	TITLE	
NAME	EMILIO P. ARUNDO	NAME	
STREET ADDRESS	10137 WEST OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351	CITY-ST-ZIP	
TITLE	VP OPERATION/DIRECTOR	TITLE	
NAME	ISAGANI D. CAPINA	NAME	
STREET ADDRESS	10137 WEST OAKLAND PARK BLVD	STREET ADDRESS	
CITY-ST-ZIP	S	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	DO NOT WRITE
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	IN THIS SPACE
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ APRIL 30, 2002 954-572-1021
Date Daytime Phone #