

2001 UNIFORM BUSINESS REPORT (UBR)

4/2

FILED
May 23, 2001 8:00 am
Secretary of State

04-24-2001 90264 035 ***150.00

DOCUMENT # P00000096173

1. Entity Name

MULTI SERVICES STAFFING, INC.

Principal Place of Business

Mailing Address

1031 SW 128TH AVENUE
 MIAMI FL 33184

1031 SW 128TH AVENUE
 MIAMI FL 33184

2. Principal Place of Business

8584 SW 8 St.

3. Mailing Address

8584 SW 8 St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1045820

Applied For

Not Applicable

Zip

33144

Country

Miami-Dade

Zip

33144

Country

Miami-Dade

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

FORD, JUANA E
 1031 SW 128TH AVENUE
 MIAMI FL 33184

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	D	<input type="checkbox"/> Delete
NAME	FORD, JUANA E	
STREET ADDRESS	1031 SW 128TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GONZALEZ, YOLIBETH D	
STREET ADDRESS	7811 WEST 36TH AVE.	
CITY-ST-ZIP	HALEAH GARDENS FL 33018	
TITLE	D	<input type="checkbox"/> Delete
NAME	GONZALEZ, GILMA	
STREET ADDRESS	11085 SW 152ND COURT	
CITY-ST-ZIP	MIAMI FL 33080	
TITLE	Hector Prieto	<input type="checkbox"/> Delete
NAME	93-40 W Flagler St.	
STREET ADDRESS	Miami, FL 33174	
CITY-ST-ZIP		
TITLE	Julio Herrera	<input type="checkbox"/> Delete
NAME	10-31 SW 128 Av.	
STREET ADDRESS	Miami, FL 33184	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	16366 SW 93 St.	
STREET ADDRESS	Miami, FL 33146	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 reports 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 line empowered.

SIGNATURE:

SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/2001 (786) 388-8730

Date

Daytime Phone #

CR2034 (10/00)