

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # PO100000 2692

1. Entity Name

COMMUNITY AND EMPLOYMENT SCREENING, INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8341 SW 157 Ave  
Suite, Apt. #, etc. #302  
City & State MIAMI FL

3. Mailing Address

#302  
Suite, Apt. #, etc. SAME  
City & State \_\_\_\_\_  
Zip \_\_\_\_\_ Country \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

City & State

City & State

33193  
Country

Zip

Country

4. Filing Number

65-1079064

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name

William LYNN

Street Address (P.O. Box Number is Not Acceptable)

8341 SW 157 Ave Suite 302

MIAMI FL

City

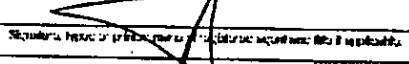
FL

Zip

33193

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



(NOTE: Registered Agent signature required when submitting)

2/28/02  
Date

9. This corporation is eligible to satisfy its filing requirements and elects to do so. (See criteria on back) ☐

10. Election Campaign Financing (See Form Contribution)

11 \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE William LYNN Pres  
NAME 8341 SW 157 Ave  
STREET ADDRESS Suite 302, Miami, FL  
CITY-STATE-ZIP 33193

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-STATE-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
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NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-STATE-ZIP \_\_\_\_\_

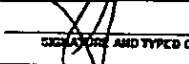
TITLE \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET ADDRESS \_\_\_\_\_  
CITY-STATE-ZIP \_\_\_\_\_

DO NOT WRITE IN THIS SPACE

CR250348 (12/01)

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), 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 and I am an officer or director of the corporation or the receiver or a duly 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:

  
Typed and printed name of signing officer or director

2/29/02  
Date

Day After Name: