

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2002 8:00 am
Secretary of State
 05-07-2002 90362 034 ***150.00

DOCUMENT # P01000038688

1. Entity Name
THE RECRUITING FIRM, INC.

Principal Place of Business

**12696 NW 11 LANE
 MIAMI FL 33182**

Mailing Address

**12696 NW 11 LANE
 MIAMI FL 33182**

2. Principal Place of Business

3900 NW 79 Ave

Suite, Apt. #, etc.

Suite #509

City & State

MIAMI, FL

3. Mailing Address

Same as

Suite, Apt. #, etc.

ABOVE

City & State

MIAMI, FL

Zip

33166

Country

USA

Country

USA

4. FEI Number

65-1092319

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

PRADENAS, VICTOR

**12696 NW 11 LANE
 MIAMI FL 33182**

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 *Victor Pradenas*

(NOTE: Registered Agent signature required when reinstating)

DATE

1/29/02

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, 2002 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 **PD**
 NAME **PRADENAS, VICTOR**
 STREET ADDRESS **12696 NW 11 LANE**
 CITY-ST-ZIP **MIAMI FL 33182**

☐ Delete

TITLE
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 STREET ADDRESS
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12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
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 CITY-ST-ZIP

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☐ Change ☐ Addition

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

1/29/02

Date

Daytime Phone #

305-5990090

CR2E034 (9/01)