

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90039 007 \*\*\*150.00

2002 **FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **R01000080106** ✓

1. Entity Name

**RESCREENING SPECIALIST, INC.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**10585 N.W. 53rd St.**  
Suite, Apt. #, etc.

3. Mailing Address

**10585 N.W. 53rd St.**  
Suite, Apt. #, etc.

City & State  
**Sunrise, FL**

City & State  
**Sunrise, FL**

Zip  
**33351**

Country  
**USA**

Zip  
**33351**

Country  
**USA**

4. FEI Number

**65-1129639**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**  
Fee Required

7. Name and Address of Current Registered Agent

Name

**Julian Dominguez**

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

**10585 N.W. 53rd St.**

City

**Sunrise**

**FL**

Zip Code  
**33351**

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)

**XX**

**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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PST**  
**Dominguez, Julian**  
**10585 N.W. 53rd St.**  
**Sunrise, FL 33351**

TITLE  
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STREET ADDRESS  
CITY - ST - ZIP

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**DO NOT WRITE**  
**IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Julian Dominguez, President**

Date

Daytime Phone #

CR2E034B (12/01)