

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90290 022 ***150.00

DOCUMENT # P02000009096

1. Entity Name
T.K.J. INTERNATIONAL RECRUITERS, INC.



Principal Place of Business
C/O SANTOS
4641 SO UNIVERSITY DRIVE
DAVIE FL 33328-3817

Mailing Address
C/O SANTOS
4641 SO UNIVERSITY DRIVE
DAVIE FL 33328-3817

11013361



2. Principal Place of Business

3. Mailing Address

330 W. Andrews Ave.
Suite, Apt. #, etc.
#100
City & State
Ft. Lauderdale, FL
Zip
33301 Country
BROWARD

330 W. Andrews Ave.
Suite, Apt. #, etc.
#100
City & State
Ft. Lauderdale, FL
Zip
33301 Country
U.S.

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

75-2985276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SANTOS, EDWARD J
4641 SO UNIVERSITY DRIVE
DAVIE FL 33328-3817

out

7. Name and Address of New Registered Agent

Name **tyrone Hilliard**
Street Address (P.O. Box Number is Not Acceptable)
330 W. Andrews Ave.
Suite #100
City **FT. Lauderdale** FL Zip Code **33301**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *[Signature]*
Signature, typed or printed name of registered agent and title if applicable.

tyrone Hilliard, Pres. & Director
(NOTE: Registered Agent signature required when reinstating)

1/25/03
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003* Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **HILLIARD, TYRONE**
STREET ADDRESS **1358 BARCELONA WAY**
CITY-ST-ZIP **WESTON FL 33327** *DE*

TITLE **T** ☐ Delete
NAME **BLACK, KEVIN**
STREET ADDRESS **14224 NW 18TH COURT**
CITY-ST-ZIP **PEMBROKE PINES FL 33028** *DE*

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME **Pres, Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Treas, Director**
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE *[Signature]* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/25/03 954-527-8872

CR2E034 (10/02)