

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2003 8:00 am
Secretary of State

0240994 AV

DOCUMENT # P02000059794

1. Entity Name
P G STAFFING, INC.



04-16-2003 90105 021 ***150.00

Principal Place of Business
**817 WASHINGTON AVENUE
MIAMI BEACH FL 33139**

Mailing Address
**817 WASHINGTON AVENUE
MIAMI BEACH FL 33139**



2. Principal Place of Business

3. Mailing Address

233 1ST STREET

233 1ST STREET

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#1

#1

City & State

City & State

Miami Beach FL

Miami Beach, FL

Zip

Country

Zip

Country

33139 USA

33139 USA

4. FEI Number

03-0449225

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JACOBSON, BENJAMIN
817 WASHINGTON AVE
MIAMI BEACH FL 33139**

Name

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

233 1ST STREET #1

City

Miami Beach,

FL

Zip Code

33139

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, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2/27/03

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|--|--|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P JACOBSON, BENJAMIN 817 WASHINGTON AVENUE MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEC JACOBSON, BENJAMIN 817 WASHINGTON AVENUE MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TR JACOBSON, BENJAMIN 817 WASHINGTON AVENUE MIAMI BEACH FL 33139 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PRESIDENT LOREN AL. JACOBSON 233 1ST STREET #1 MIAMI BEACH, FL 33139 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/03
Date

Daytime Phone #

CR2E034 (10/02)