

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Feb 28, 2001 8:00 am
Secretary of State

02-28-2001 90044 026 ***150.00

DOCUMENT # P34274

1. Entity Name

UNIFORCE STAFFING SERVICES, INC.

Principal Place of Business

**415 CROSSWAYS PARK DR
WOODBURY NY 11797
US**

Mailing Address

**415 CROSSWAYS PARK DR
WOODBURY NY 11797
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **11-2638211**

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

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

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

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) ☐**FILE NOW!!! FEE IS \$150.00**
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DCEP		<input checked="" type="checkbox"/> Delete		P/CEO/T/CFO/D		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	MACCARRONE, HARRY V	415 CROSSWAYS PARK DR	WOODBURY NY 11797		HARRY V. MACCARRONE	415 Crossways Park Drive	Woodbury, NY 11797
	VTS		<input checked="" type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	BALDWIN, ROBERT	415 CROSSWAYS PARK DR	WOODBURY NY 11797				
	VF		<input checked="" type="checkbox"/> Delete		VICE PRESIDENT, FINANCE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	ENDE, ROBERT	415 CROSSWAYS PARK DR	WOODBURY NY 11797		ROBERT F. ENDE	415 Crossways Park Drive	Woodbury, NY 11797
	AS		<input checked="" type="checkbox"/> Delete		SECRETARY		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	REIBEN, ANDREW	415 CROSSWAYS PARK DR	WOODBURY NY 11797		LINDA ANNICELLI	415 CROSSWAYS PARK DRIVE	WOODBURY, NY 11797
	AS		<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> Addition
	FELTMAN, ARTUR A	415 CROSSWAY PARK DR	WOODBURY FL 11797				
			<input type="checkbox"/> Delete				<input type="checkbox"/> Change <input type="checkbox"/> 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: *Arthur A. Feltman* **Arthur A. Feltman**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Asst. Secretary

2/15/01

Date

(516) 437-3300

Daytime Phone #

CR2E034 (10/00)