

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000056584

1. Entity Name

PRO-ACTIVE PERSONNEL CORP.

Principal Place of Business

224 NW 1ST AVE
HALLANDALE FL 33009

Mailing Address

224 NW 1ST AVE
HALLANDALE FL 33009

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

65-0428338

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

LUBIN, MICHAEL H
930 WASHINGTON AVENUE
THIRD FLOOR
MIAMI BEACH FL 33139

Name: MATTHEW A. SOLOFF
Street Address (P.O. Box Number is Not Acceptable):
224 NW 1 AVENUE
HALLANDALE
City: FL Zip Code: 33009

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

PRESIDENT

DATE

4.13.01

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 State

10. 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: P
NAME: SOLOFF, MATTHEW
STREET ADDRESS: 224 N.W. 1ST AVE.
CITY-ST-ZIP: HALLANDALE FL

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

TITLE: S
NAME: SOLOFF, BONNIE
STREET ADDRESS: 224 N.W. 1ST AVE.
CITY-ST-ZIP: HALLANDALE FL

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

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STREET ADDRESS: ☐ Change ☐ Addition
CITY-ST-ZIP: ☐ 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATTHEW A. SOLOFF 4.13.01 954 454-1810
PRESIDENT

Date

Daytime Phone #



DO NOT WRITE IN THIS SPACE

CR2E034 (10/00)