

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

FILED
May 24, 2002 8:00 am
Secretary of State

05-24-2002 91327 003 ***150.00

DOCUMENT # **093000056584**

1. Entity Name

PRO-ACTIVE PERSONNEL CORPORATION

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

224 NW 1 AVE

3. Mailing Address

PO Box 27

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

HALLANDALE FL

City & State

HALLANDALE FL

4. FEI Number

05-0428338

Applied For

Not Applicable

Zip

33009

County

BROWARD

Zip

33009

County

BROWARD

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

MATTHEW SOLOFF

418 Holiday Dr.

HALLANDALE

FL 33009

**DO NOT WRITE
IN THIS SPACE**

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]

(Signature must be printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when resigning)

5-1-02

DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back) ☐

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	PRESIDENT
NAME	MATTHEW SOLOFF
STREET ADDRESS	418 Holiday Dr.
CITY - ST - ZIP	HALLANDALE, FL 33009
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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NAME	
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CITY - ST - ZIP	

**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 or without an empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-102 954-454-1800

Date

Signature Printed

CR2E034B (12/01)