

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2002 8:00 am
Secretary of State

04-23-2002 90379 006 ***150.00

DOCUMENT # P94000023978

1. Entity Name

A-1 TEMPORARY LABOR, INC.

Principal Place of Business

**175 N. MILITARY TRAIL
 WEST PALM BEACH FL 33415**

Mailing Address

**175 N. MILITARY TRAIL
 WEST PALM BEACH FL 33415**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Box 241
 Suite, Apt. #, etc.

2901 Clint Moore Rd, #2

City & State Boca Raton FL

Zip 33496

Country USA

3. Mailing Address

Box 241
 Suite, Apt. #, etc.

2901 Clint Moore Road #2

City & State Boca Raton FL

Zip 33496

Country USA

4. FEI Number

65-0477247

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

FEIN, LOUIS

175 N. MILITARY TRAIL

WEST PALM BEACH FL 33415

7. Name and Address of New Registered Agent

Name **LOUIS FEIN**

Street Address (P.O. Box Number is Not Acceptable)
6277 S Graycliff Drive

City **Boca Raton**

FL

Zip Code **33496**

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, 2002 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

TITLE	P	<input type="checkbox"/> Delete
NAME	KERR, BARRY L	
STREET ADDRESS	107 WOODLAKE CIRCLE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	EV	<input type="checkbox"/> Delete
NAME	FEIN, LOUIS	
STREET ADDRESS	16825 CHARLEY ST.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	6277 S Graycliff Drive	
CITY-ST-ZIP	BOCA RATON FL 33496	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)