

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2000 8:00 am
Secretary of State

06-03-2000 90002 025 ***150.00

DOCUMENT # **994000041738**

1. Entity Name
ER BUSINESS CORP DBA HR NETWORK

Principal Place of Business Mailing Address

2. Principal Place of Business

6245 N. FEDERAL HWY
 Suite, Apt. #, etc.
3RD FLOOR

3. Mailing Address

6245 N FEDERAL HWY
 Suite, Apt. #, etc.
3RD FLOOR



DO NOT WRITE IN THIS SPACE

City & State
FORT LAUDERDALE FL
 Zip
33308

City & State
FORT LAUDERDALE FL
 Zip
33308

4. FEI Number
65-0497351

Applied Fee
 Not Applied

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

Name
ROBERT SANTIAGO
 Street Address (P.O. Box Number is Not Acceptable)
6245 N. FEDERAL HWY 3RD FLOOR
 City
FORT LAUDERDALE FL Zip Code
33308

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 *Robert Santiago* - **ROBERT SANTIAGO** **4/26/2000** DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when re-registering)

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, 2000 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

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROBERT SANTIAGO 6245 N. FEDERAL HWY 3RD FLOOR | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D LIZETTE AGUILILLA 6245 N FEDERAL HWY 3RD FLOOR FORT LAUDERDALE FL 33308 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lizette Aguililla* **LIZETTE AGUILILLA** **4/26/2000** **(954) 453-6210** DATE Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E079900