

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **994000041738**

1. Entity Name

**ER BUSINESS CORP DBA HR NETWORK**

**FILED**

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

06-03-2000 90002 025 \*\*\*150.00

Principal Place of Business

Mailing Address

2. Principal Place of Business

**6245 N. FEDERAL HWY**  
Suite, Apt. #, etc.  
**3<sup>rd</sup> FLOOR**

3. Mailing Address

**6245 N FEDERAL HWY**  
Suite, Apt. #, etc.  
**3<sup>rd</sup> FLOOR**

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 3<sup>rd</sup> 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**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when re-registering)

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, 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
<b>D</b>	<b>ROBERT SANTIAGO</b>	<b>6245 N. FEDERAL HWY 3<sup>rd</sup> FLOOR</b>		<input type="checkbox"/>
<b>D</b>	<b>LIZETTE AGUILILLA</b>	<b>6245 N FEDERAL HWY 3<sup>rd</sup> FLOOR</b>	<b>FORT LAUDERDALE FL 33308</b>	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**LIZETTE AGUILILLA**

Date

Daytime Phone #

**4/26/2000 (454) 453-6210**

CR2004/900