

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000092288

1. Entity Name
ARCHIPRO STAFF AGENCY, INC.

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90009 034 ***150.00

Principal Place of Business

2 NE 39TH STREET, SUITE 4
MIAMI FL 33137-3630

Mailing Address

2 NE 39TH STREET, SUITE 4
MIAMI FL 33137-3630

2. Principal Place of Business

4 NE 39 ST
Suite, Apt. #, etc.
MIAMI, FL 33137
City & State
USA

Zip

Country

3. Mailing Address

4 NE 39 ST
Suite, Apt. #, etc.
MIAMI, FL 33137
City & State
USA

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0545270

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SWISHER, LESLIE L
235 LINCOLN RD STE 218
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent

Name
SWISHER, LESLIE L.
Street Address (P.O. Box Number is Not Acceptable)
4 NE 39 ST
City
MIAMI FL Zip Code
33137

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 _____ (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, 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT SWISHER, LESLIE L 235 LINCOLN RD STE 218 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWISHER, LESLIE L 235 LINCOLN RD STE 218 MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDVT SWISHER, LESLIE L 4 NE 39 ST MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWISHER, LESLIE L 4 NE 39 ST MIAMI, FL 33137	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.

SIGNATURE: Justin L. Swisher
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

305 571 9727

CR2E034 (10/00)