

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2002 8:00 am
Secretary of State
 04-03-2002 90495 012 ***150.00

0218424 AV

DOCUMENT # P94000092288

1. Entity Name
ARCHIPRO STAFF AGENCY, INC.

Principal Place of Business

**4 NE 39TH STREET
 MIAMI FL 33137**

Mailing Address

**4 NE 39TH STREET
 MIAMI FL 33137**

2. Principal Place of Business

**80 SW 8th St.
 Suite, Apt. #, etc.
 Suite 2000**

3. Mailing Address

**80 SW 8th St.
 Suite, Apt. #, etc.
 Ste 2000**

City & State

Miami FL

City & State

Miami FL

Zip

33130

Country

USA

Zip

33130

Country

USA

4. FEI Number

65-0545270

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

**SWISHER, LESLIE L
 4 NE 39TH STREET
 MIAMI FL 33137**

7. Name and Address of New Registered Agent

Name **Swisher, Leslie L.**
 Street Address (P.O. Box Number is Not Acceptable)
80 SW 8th St.
Ste. 2000
 City **Miami** **FL** Zip Code **33130**

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 **Leslie L. Swisher**

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

(NOTE: Registered Agent signature required when reinstating)

3-29-02
 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 **SDVT** ☐ Delete
 NAME **SWISHER, LESLIE L**
 STREET ADDRESS **4 NE 39TH STREET**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE **D** ☐ Delete
 NAME **SWISHER, LESLIE L**
 STREET ADDRESS **4 NE 39TH STREET**
 CITY-ST-ZIP **MIAMI FL 33137**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

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

3-29-02
 Date

305-571-9728
 Daytime Phone #

CR2E034 (9/01)