

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 02, 2003 8:00 am
Secretary of State

05-02-2003 90746 035 ***150.00

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DOCUMENT # P94000093811

1. Entity Name

AMERICAN RECRUITERS OF SOUTH FLORIDA, INC.



Principal Place of Business

**800 W CYPRESS CREEK RD
SUITE 310
FT LAUDERDALE FL 33309**

Mailing Address

**800 W CYPRESS CREEK RD
SUITE 310
FT LAUDERDALE FL 33309**

2. Principal Place of Business

6400 N ANDREWS AVE

Suite, Apt. #, etc.

#100

3. Mailing Address

6400 N ANDREWS AVE

Suite, Apt. #, etc.

#100

City & State

FT. LAUDERDALE, FL

City & State

FT. LAUDERDALE, FL

Zip

33309

Country

USA

Zip

33309

Country

USA

4. FEI Number

65-0545327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**POZZUOLI, EDWARD J
110 SE 6TH STREET
15TH FLOOR
FT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE **DPT** ☐ Delete
NAME **SCIALDONE, GINO**
STREET ADDRESS **6400 N. ANDREWS AVE #100**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **DVS** ☐ Delete
NAME **SCIALDONE, TERESA L**
STREET ADDRESS **6400 N. ANDREWS AVE. #100**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/03

Date

954-493-9200

Daytime Phone #

CR2E034 (10/02)