

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000008333

1. Entity Name

CURA STAFFING, INC.

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

04-03-2000 90144 005 ***150.00

Principal Place of Business

700 S. ROYAL POINCIANA BLVD.
SUITE 600
MIAMI SPRINGS FL 33166

Mailing Address

700 S. ROYAL POINCIANA BLVD.
SUITE 600
MIAMI SPRINGS FL 33166-6668

2. Principal Place of Business

3. Mailing Address

95 Merrick Way
Suite, Apt. #, etc.
Suite 340

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

Coral Gables, FL
33134 USA

4. FEI Number 65-0557658

Applied For
Not Applicable

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

BAND, ROBERT
940 ESCOBAR
CORAL GABLES FL 33134

Name

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

940 Escobar Ave

City

Coral Gables,

FL

Zip Code

33134

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

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

(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, 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 IN 11

TITLE PCEO ☐ Delete
NAME BAND, ROBERT
STREET ADDRESS 440 ESCOBAR AVE
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 940 Escobar Ave
CITY-ST-ZIP Coral Gables, FL 33134

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/00
Date

305-443-4646
Daytime Phone #

CR2E034 (9/99)