

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 24, 2002 8:00 am**  
**Secretary of State**

02-24-2002 90004 025 \*\*\*150.00

**DOCUMENT #** P95000017707 *nk 2/7/02 (TM)*  
**1. Entity Name**  
**TS-BUSINESS-CORP.** *Corporate Sano Staffing, Corp.*

**Principal Place of Business**  
~~2620 HAYES STREET~~  
~~HOLLYWOOD FL 33020~~

**Mailing Address**  
~~2620 HAYES STREET~~  
~~HOLLYWOOD FL 33020~~

**2. Principal Place of Business**  
*20630 PISCAYNE BLVD*  
 Suite, Apt. #, etc.

**3. Mailing Address**  
*20630 PISCAYNE BLVD*  
 Suite, Apt. #, etc.

**City & State**  
*Aventura Florida*  
**Zip** *33180* **Country**

**City & State**  
*Aventura Florida*  
**Zip** *33180* **Country**

**4. FEI Number** **65-0561298**

**Applied For**  
 Not Applicable

**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**VARALLO, FABIO**  
**1901 BRICKELL AVE, 802**  
**MIAMI FL 33129**

**7. Name and Address of New Registered Agent**

**Name** *Millennia Consulting Services Inc*  
**Street Address (P.O. Box Number is Not Acceptable)**  
*20630 PISCAYNE BLVD*  
**City** *Aventura* **FL** **Zip Code** *33180*

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

(NOTE: Registered Agent signature required when reinstating)

**02-08-02**  
 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** ☒ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution. ☐

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P. PEREIRA, JEHOZADAK</b> <b>2620 HAYES STREET</b> <b>HOLLYWOOD FL 33020</b>	<input checked="" type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P. Dos Santos Barros, Jose Westor</b> <b>2975 NE 190 Street Unit 103</b> <b>Aventura, FL 33180</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>		<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 another firm empowered.**

**SIGNATURE:** *[Signature]*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02/08/02** **305 682 1655**  
 Date Daytime Phone #

CR2E034 (9/01)