

# 2001 UNIFORM BUSINESS REPORT (UBR)

0320557

**DOCUMENT # P96000008897**

1. Entity Name

JCR STAFFING SERVICES, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP 28 AM 11:38

Principal Place of Business

6542 HYPOLUXO ROAD  
SUITE 294  
LAKE WORTH FL 33467

Mailing Address

6542 HYPOLUXO ROAD  
SUITE 294  
LAKE WORTH FL 33467

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 65-0636049

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

7. Name and Address of New Registered Agent

THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PSTD  
LEVINSON, KENNETH J  
6542 HYPOLUXO ROAD #294  
LAKE WORTH FL 33467 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
000004622210--S  
-10/03/01--01071--014  
\*\*\*\*550.00 \*\*\*\*550.00 ☐ Change ☐ Addition

TITLE  
NAME  
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CITY-ST-ZIP ☐ Delete

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CITY-ST-ZIP ☐ Change ☐ Addition

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TITLE  
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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ 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:

*Kenneth J. Levinson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/27/01

863-8314

Date

Daytime Phone #

CR2E034 (10/00)