

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010161

1. Entity Name

TOP PRIORITY STAFFING, INC.

FILED
May 13, 2000 8:00 am
Secretary of State

05-13-2000 90005 011 ***150.00

Principal Place of Business

15495 EAGLE NEST LANE
 SUITE 130
 MIAMI LAKES FL 33014
 US

Mailing Address

PO BOX 15832
 PLANTATION FL 33318-5832
 US

2. Principal Place of Business

3. Mailing Address

15495 Eagle nest lane



DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
 Miami Lakes, FL

4. FEI Number

65-0641162

Applied For
 Not Applicable

Zip

Country

Zip

Country

33014 USA

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

GROTTLIEB, CHERYL J.
 15495 EAGLE NEST LANE #130
 MIAMI LAKES FL 33014

Name

Cheryl J. Wachtel

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

15495 Eagle Nest Lane

City

Miami Lakes

FL

Zip Code

33014

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

Cheryl Wachtel

Cheryl Wachtel

4/28/2000

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	P	<input checked="" type="checkbox"/> Delete
NAME	GOTTLIEB, CHERYL J	
STREET ADDRESS	15495 EAGLE NEST LANE #130	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WACHTEL SAMUEL	
STREET ADDRESS	15495 EAGLE NEST LANE #130	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DPT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cheryl J. Wachtel	
STREET ADDRESS	15495 Eagle Nest Lane #130	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE	DUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Wachtel, Samuel	
STREET ADDRESS	15495 Eagle Nest Lane #130	
CITY-ST-ZIP	Miami Lakes, FL 33014	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Samuel Wachtel 4/29/2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(305) 556-4699

Daytime Phone #

CR2E034 (9/99)