

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000010161

1. Entity Name

TOP PRIORITY STAFFING, INC.

FILED

May 04, 2001 8:00 am  
Secretary of State

05-04-2001 90034 002 \*\*\*150.00

Principal Place of Business

15495 EAGLE NEST LANE  
SUITE 130  
MIAMI LAKES FL 33014  
US

Mailing Address

15495 EAGLE NEST LANE  
MIAMI LAKES FL 33014  
US

968739



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7900 NW 27th Ave

3. Mailing Address

7900 NW 27th Ave

Suite, Apt. #, etc.

77 West Plaza

Suite, Apt. #, etc.

77 West Plaza

City & State

MIAMI, FL

City & State

MIAMI, FL

4. FEI Number

65-0641162

Applied For

Not Applicable

Zip

33147

Country

Dade

Zip

33147

Country

Dade

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WACHTEL, CHERYL J  
15495 EAGLE WEST LANE  
MIAMI LAKES FL 33014

7. Name and Address of New Registered Agent

Name

Wachtel, Cheryl

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

7900 NW 27th Ave

77 West Plaza

City

MIAMI, FL

FL

Zip Code

33147

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

TITLE DPT  
NAME WACHTEL, CHERYL  
STREET ADDRESS 15495 EAGLE NEST LANE #130  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE DVS  
NAME WACHTEL, SAMUEL  
STREET ADDRESS 15495 EAGLE NEST LANE #130  
CITY-ST-ZIP MIAMI LAKES FL 33014 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DPT ☒ Change ☐ Addition  
NAME Wachtel, Cheryl  
STREET ADDRESS 7900 NW 27th Ave, 77 West Plaza  
CITY-ST-ZIP MIAMI, FL 33147

TITLE DVS ☒ Change ☐ Addition  
NAME Wachtel, Samuel  
STREET ADDRESS 7900 NW 27th Ave, 77 West Plaza  
CITY-ST-ZIP MIAMI, FL 33147

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

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 all other like empowered.

SIGNATURE: Samuel Wachtel  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-01 (305) 693-4200  
Date Daytime Phone #

CR2E034 (10/00)