

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P96000028374

1. Entity Name

CERTIFIED HR SERVICES COMPANY



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 JUN 30 PM 4:48

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
5101 NW 21ST AVENUE

3. Mailing Address  
5101 NW 21ST AVENUE

Suite, Apt. #, etc.  
SUITE 350

Suite, Apt. #, etc.  
SUITE 350

City & State  
FORT LAUDERDALE, FLORIDA

City & State  
FORT LAUDERDALE, FLORIDA

Zip  
33309

Country  
USA

Zip  
33309

Country  
USA

4. FEI Number  
650653827

Applied For  
Not Applicable

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

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

Name  
NRAI Services, Inc.

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

526 E. Park Avenue

City  
Tallahassee

FL

Zip Code  
32301

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
President, Director  
Danny L. Pixler  
5101 NW 21st Avenue, Ft. Lauderdale, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800039016028  
07/12/04--01045--005 \*\*350.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Treasurer  
Rick Steen  
5101 NW 21st Avenue, Ft. Lauderdale, FL 33309

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800039016028  
07/12/04--01045--006 \*\*50.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
Secretary  
Peter Campitiello  
477 Madison Avenue, 14th Fl., N.Y., NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
800039016028  
07/12/04--01045--007 \*\*158.75

TITLE  
NAME  
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CITY-ST-ZIP

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CITY-ST-ZIP

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Peter Campitiello

June 28, 2004

(212) 751-1414

Date

Daytime Phone #

CR2E034B (12/02)