

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000035380

1. Entity Name

ADMINISTRATIVE STAFF SERVICES, INC.

**FILED**  
Feb 27, 2000 8:00 am  
Secretary of State

02-27-2000 90028 001 \*\*\*450.00

Principal Place of Business

1133 S. UNIVERSITY DR.  
STE. 201  
PLANTATION FL 33324  
US

Mailing Address

1133 S. UNIVERSITY DRIVE  
STE. 201  
PLANTATION FL 33324-3303  
US

2. Principal Place of Business

1876 N. UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE 309 C

3. Mailing Address

1876 N. UNIVERSITY DRIVE  
Suite, Apt. #, etc.  
SUITE 309 C

City & State

PLANTATION FL

Zip  
33322

Country

City & State

PLANTATION FL

Zip  
33322

Country

4. FEI Number

65-0660052

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

9163



6. Name and Address of Current Registered Agent

LERNER, SAUL  
1133 S UNIVERSITY DR  
STE. 201  
PLANTATION FL 33324

Name

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

1876 N. UNIVERSITY DRIVE  
SUITE 309 C

City

FL

Zip Code

33322

7. Name and Address of New Registered Agent

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, 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

TITLE ☐ Delete  
NAME D  
STREET ADDRESS LERNER, SAUL  
CITY-ST-ZIP 1133 S. UNIVERSITY DR., STE. 201  
PLANTATION FL

TITLE ☐ Delete  
NAME D  
STREET ADDRESS WALSH, THOMAS F  
CITY-ST-ZIP 1133 S UNIV DR 201  
PLANTATION FL 33324

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1876 N. UNIVERSITY DR #309C  
CITY-ST-ZIP PLANTATION, FL 33322

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 1876 N. UNIVERSITY DR #309C  
CITY-ST-ZIP PLANTATION, FL 33322

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS F. WALSH

Date

2/15/2000

Daytime Phone #

954/4230985

CR2E034 (9/99)