

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Sep 18, 2000 8:00 am**  
**Secretary of State**

09-18-2000 90014 001 \*\*\*550.00

**DOCUMENT # P97000021413**

1. Entity Name

**ALLIED RECRUITERS OF AMERICA, INC.** ✓

Principal Place of Business

2727 E OAKLAND PARK BLVD  
 SUITE 300  
 FT LAUDERDALE FL 33306  
 US

Mailing Address

2727 E OAKLAND PARK BLVD  
 SUITE 300  
 FORT LAUDERDALE FL 33306  
 US

2. Principal Place of Business

11493 NW 45 Street

Suite, Apt. #, etc.  
 Coral Springs, Florida

City & State

Zip  
 33065

Country  
 USA

3. Mailing Address

11493 NW 45 Street

Suite, Apt. #, etc.

City & State  
 Coral Springs, FL

Zip  
 33065

Country  
 USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0741236

Applied For  
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

BELLEHUMEUR, DENNIS W  
 2727 E OAKLAND PARK BLVD  
 SUITE 300  
 FORT LAUDERDALE FL 33306

Name  
 Robert M Kleinzwieg  
 Street Address (P.O. Box Number is Not Acceptable)

11493 NW 45 Street

City  
 Coral Springs FL Zip Code  
 33065

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 Robert M. Kleinzwieg  
 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 \$550.00**  
**After SEPTEMBER 13, 2000 Min. will be \$750.00**  
**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	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BELLEHUMEUR, DENNIS W	2727 E OAKLAND PARK BLVD SUITE 300	FORT LAUDERDALE FL 33306	<input checked="" type="checkbox"/>
D	SCHULTZ, GARRY E	2691 E OAKLAND PARK BLVD SUITE 201	FT LAUDERDALE FL 33306	<input checked="" type="checkbox"/>
<del>President</del>	<del>Robert M. Kleinzwieg</del>	<del>11493 NW 45 Street</del>	<del>Coral Springs, FL 33065</del>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
Vice President	Jeffrey Philip Kleinzwieg	11493 NW 45 Street	Coral Springs, FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Vice President	David Kleinzwieg	11493 NW 45 Street	Coral Springs, FL 33065	<input type="checkbox"/>	<input checked="" type="checkbox"/>
President	Robert M. Kleinzwieg	11493 NW 45 Street	Coral Springs, FL 33065	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: Robert M. Kleinzwieg (954) 8/3/2000 561-5131  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)