

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000021413

1. Entity Name

ALLIED RECRUITERS OF AMERICA, INC.

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

09-18-2000 90014 001 ***550.00

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.

Coral Springs, FL

City & State

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 ☒ Delete
 NAME D
 STREET ADDRESS BELLEHUMEUR, DENNIS W
 CITY-ST-ZIP 2727 E OAKLAND PARK BLVD SUITE 300
 FORT LAUDERDALE FL 33306

TITLE ☒ Delete
 NAME D
 STREET ADDRESS SCHULTZ, GARRY E
 CITY-ST-ZIP 2691 E OAKLAND PARK BLVD SUITE 201
 FT LAUDERDALE FL 33306

TITLE ☒ Delete
 NAME Robert M. Kleinzwieg
 STREET ADDRESS President
 CITY-ST-ZIP 11493 NW 45 Street
 Coral Springs, FL 33065

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 Vice President
 STREET ADDRESS Jeffrey Philip Kleinzwieg
 CITY-ST-ZIP 11493 NW 45 Street
 Coral Springs, FL 33065

TITLE ☐ Change ☒ Addition
 NAME Vice President
 STREET ADDRESS David Kleinzwieg
 CITY-ST-ZIP 11493 NW 45 Street
 Coral Springs, FL 33065

TITLE ☒ Change ☒ Addition
 NAME President
 STREET ADDRESS Robert M. Kleinzwieg
 CITY-ST-ZIP 11493 NW 45 Street
 Coral Springs, FL 33065

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: Robert M. Kleinzwieg

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/00)