

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000050526

1. Entity Name

ALLIANCE RECRUITING AND STAFF LEASING, INC.

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90372 048 \*\*\*150.00

Principal Place of Business

1650 S. DIXIE HWY., SUITE 1-A-D  
BOCA RATON FL 33432

Mailing Address

1650 S. DIXIE HWY., SUITE 1-A-D  
BOCA RATON FL 33432

2. Principal Place of Business

3998 FAU BLVD

Suite, Apt. #, etc.

SUITE 110

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

PAUM BEACH

3. Mailing Address

3998 FAU BLVD

Suite, Apt. #, etc.

SUITE 110

City & State

BOCA RATON, FLORIDA

Zip

33431

Country

PAUM BEACH



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0768466

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

MOSKOWITZ, MICHAEL E ESQ  
800 CORPORATION DRIVE., SUITE 510  
FT LAUDERDALE FL 33334

7. Name and Address of New Registered Agent

Name

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

City

Zip Code

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's 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CEP  
HEMLEPP, SALLY  
1650 S. DIXIE HWY., SUITE 1-A-D  
BOCA RATON FL 33432 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
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CITY-ST-ZIP ☐ Delete

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TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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

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

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STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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CITY-ST-ZIP ☐ Change ☐ Addition

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

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 information empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

NAME OF SIGNING OFFICER OR DIRECTOR

04/23/01

Date

561-368-5550

Daytime Phone #

CR2E034 (10/00)