

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P98000062443**

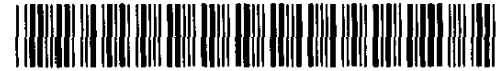
1. Entity Name

**INTERNATIONAL RECRUITING, INC.****FILED**  
**Mar 28, 2001 8:00 am**  
**Secretary of State**

03-28-2001 90211 003 \*\*\*150.00

0267034

Principal Place of Business Mailing Address  
1226 NW 125TH TERRACE 1226 NW 125TH TERRACE  
SUNRISE FL 33323 SUNRISE FL 33323



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number		NOT APPLICABLE	
		Applied For	
		Not Applicable	
5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
D'ALBERT, JOSEPH JR. 1226 NW 125TH TERRACE SUNRISE FL 33323		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL 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 JOSEPH D'ALBERT V.P. Joseph D'Albert V.P.  
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, 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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	D'ALBERT, JOICE	NAME	
STREET ADDRESS	1226 NW 125TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	CITY-ST-ZIP	
TITLE	V	TITLE	
NAME	D'ALBERT, JOSEPH JR	NAME	
STREET ADDRESS	1226 NW 125TH TERRACE	STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33323	CITY-ST-ZIP	
TITLE	T/S	TITLE	
NAME	D'ALBERT, JOSEPH L	NAME	
STREET ADDRESS	400 COMMODORE DR., #501	STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33325	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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

3/5/01

Date

854 922 4457

Daytime Phone #

CFR2E034 (10/00)