

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000069865

1. Entity Name
STAFF USA, INC.

FILED
Apr 09, 2001 8:00 am
Secretary of State
04-09-2001 90023 026 ***150.00

0247541

Principal Place of Business
2929 EAST COMMERCIAL BLVD. #306
FORT LAUDERDALE FL 33308

Mailing Address
2929 EAST COMMERCIAL BLVD. #306
FORT LAUDERDALE FL 33308

941225



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8001 SW 36 Street
Suite, Apt. #, etc.
Suite 9

3. Mailing Address
Suite, Apt. #, etc.

City & State
Davie, Florida

City & State

4. FEI Number 65-0858960

Applied For
Not Applicable

Zip 33328
Country Broward

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SAMUELS, LEONARD K ESQ.
100 NE 3RD AVE #400
FT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME STREET ADDRESS CITY-ST-ZIP	DP ROSENBERG, RALPH 2929 EAST COMMERCIAL BLVD. #306 FORT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GUTHRIE, WILLIAM 2929 E COMMERCIAL BLVD #306 FT LAUDERDALE FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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 like empowered.

SIGNATURE: William Guthrie 3/28/01 (954) 938-2770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)