

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077388

1. Entity Name

COMPREHENSIVE EMPLOYEE SERVICES, INC.

**FILED**  
**May 07, 2000 8:00 am**  
**Secretary of State**

05-07-2000 90034 022 \*\*\*150.00

Principal Place of Business

4592 NORTH UNIVERSITY DRIVE  
 LAUDERHILL FL 33351

Mailing Address

4590 N UNIVERSITY DRIVE  
 LAUDERHILL FL 33351-4515

2. Principal Place of Business

4588 N. University Dr

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Lauderhill, Fla. 33351

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0865607

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIROWSKY, NICHOLAS  
 4592 NORTH UNIVERSITY DRIVE  
 LAUDERHILL FL 33351

Name

Grafton N. Carlson, P.A.

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

1290 East Oakland Park Blvd.

Suite 200

City

Fort Lauderdale

FL

Zip Code

33334-4443

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 of individual or principal officer of the corporation 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, 2000 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 D ☐ Delete  
 NAME MIROWSKY, NICHOLAS  
 STREET ADDRESS 4592 NORTH UNIVERSITY DRIVE  
 CITY-ST-ZIP LAUDERHILL FL 33351

TITLE V.P. ☐ Change ☒ Addition  
 NAME Rochelle Silver  
 STREET ADDRESS 4588 N. University Drive  
 CITY-ST-ZIP Lauderhill, Fla 33351

TITLE J.P. ☐ Delete  
 NAME Joseph G. Ferrante III  
 STREET ADDRESS 4588 N University Dr.  
 CITY-ST-ZIP Lauderhill, Fla 33351

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

TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-24-2000 954 572-4415

CR2E034 (9/99)